Central England Area Quaker Meeting



**Name of Meeting, Committee or Branch:**

**Probation Period Review Form**

The first six months of employment (may be shorter for a fixed term post) will be regarded as a probationary period. During and at the end of the probationary period either party may terminate the employment by giving one week’s notice.

At the end of six months probationary period, your line manager will review your work and a report will be presented to the relevant management committee (or to Central England Area Quaker Meeting Trustees (if there is no management committee) for confirmation and approval.

The probationary review may result in one of the following recommendations

a) Successful completion

b) Extension for a further period. The maximum possible will be13weeks.

c) Termination of employment

To be completed by Line Manager in discussion with the employee:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  *(please tick)*  | **Improvement required** | **Satisfactory** | **Good** | **Excellent** |
| **Quality and accuracy of work** |  |  |  |  |
| **Efficiency** |  |  |  |  |
| **Attendance** |  |  |  |  |
| **Time Keeping** |  |  |  |  |
| **Work relationships (team work and interpersonal communication skills)** |  |  |  |  |
| **Competency in the role** |  |  |  |  |
| **Have the objectives identified for the probationary period been met?** | **YES / NO** | **If NO, please provide details** |
|  |
| **Have the training / development needs identified for the probationary period been addressed?** | **YES / NO** |  |
| **Summarise the employee’s performance and progress over the period** |
| **Is the employee’s appointment to be confirmed?** | **YES / NO** |
| **If NO, please provide reasons below and summarise what action has been taken to address any difficulties which have arisen during the probationary period.** |
| **The employee may provide any comments about their experience of the probationary process here.** |
| **Should the employee’s probationary period be extended?** | **YES / NO** |
| **If YES, please provide reasons and, where appropriate, specify any areas of improvement required and how these will be monitored.** |
| **Length of the extension (max 3 months):** |  |
| **New Probation Period completion date:** |  |
| **Employee’s signature:** |  |
| **Manager’s signature:** |  |
| **Date:** |  |
| The employee has received a letter confirming his satisfactory completion of probation period | **YES** | **NO** |