**PROBATIONARY REPORT FORM FOR ALL STAFF IN GRADES 1-5**

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| Probationer: |  |
| Position: |  |
| Grade: |  |
| Department: |  |
| Line Manager: |  |
| Senior Manager: |  |
| Centre Administrator:  (MHLS only) |  |
| Date of Appointment: |  |
| Probation Start Date: |  |
| Probation End Date: |  |

**Once form is completed and signed by all parties, Line Managers should return this probationary report form to HR Hub (**[**hrhub@qub.ac.uk**](mailto:hrhub@qub.ac.uk)**) on completion of the probationary period.**

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| **Summary of Performance During Probationary Period**  **(To be completed by the Line Manager at the end of probation or earlier if performance/conduct is unsatisfactory, or if for any other substantial reason(s) they are judged unsuitable to be confirmed in post). With reference to the activities, standards and responsibilities set at the beginning of the probationary period, please comment on probationer’s performance.** | | | | | | | |
| **Activity/Standard/Responsibility** | **Summary of Performance During Probation**  Please indicate whether the activity/standard/responsibility was successfully completed and achieved or not (comment as appropriate) | | | | | | |
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| **(To be completed by the Line Manager at the end of probation or earlier if performance/conduct is unsatisfactory or if for any other substantial reason(s) they are judged unsuitable to be confirmed in post).** | | | | | | | |
|  | | **Assessment** | | | | | |
|  | | **Exceptional** | **Exceeds**  **Standard**  **Required** | **Meets**  **Standard Required** | | **Improvement Required** | **Not Satisfactory** |
| **Job Performance** | | | | | | | |
| Attainment of relevant job knowledge/skills | |  |  |  | |  |  |
| Standard of job performance achieved | |  |  |  | |  |  |
| Ability to learn new tasks in acceptable timescales | |  |  |  | |  |  |
| Ability/Willingness to participate in staff/career development activities | |  |  |  | |  |  |
| **Time Management** | |  | | | | | |
| Ability to prioritise tasks | |  |  |  | |  |  |
| Completion of key tasks in acceptable timescales | |  |  |  | |  |  |
| **Working With Others** | |  | | | | | |
| Ability to communicate and interact effectively with others | |  |  |  | |  |  |
| **Time-Keeping** | |  | | | | | |
| Adherence to agreed start/finish/break times | |  |  |  | |  |  |
| **Attendance** | |  | | | | | |
| No of Days Sickness | | days |  | | | | |
| **Supervisory Responsibility** | | Yes/No | | | | | |
| If yes, has the probationer discharged his/her supervisory function effectively? Yes/No | | | | |  | | |
| **Recommendation from Line Manager**  **(To be completed by the end of probation or earlier if performance/conduct is unsatisfactory or if for any other substantial reason(s) they are judged unsuitable to be confirmed in post).**  **Please tick as appropriate\*:**   1. **Confirm in post: \_\_\_\_\_\_\_ 2. Extend Probationary Period: \_\_\_\_\_\_\_**   **3. Terminate Employment: \_\_\_\_\_\_\_ 4. Other: \_\_\_\_\_\_\_\_\_\_ (please specify below)**  **Comment:**  **Signed (Line Manager): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\*** If you are **not** recommending confirmation in post, please detail the reasons for this and contact the People and Culture Directorate and Senior Manager for their attendance at the meeting to discuss recommendation**.** | | | | | | | |
| **Date of Meeting to Discuss Recommendation \_\_\_\_\_\_\_\_\_\_\_\_\_ (To be completed by Line Manager)**  **Where probationer is confirmed in post, please ensure that the probationer signs this completed report (see overleaf) and has been provided with a copy.** | | | | | | | |
| **Where a Probationer is Confirmed in Post-Confirmation by Probationer of receipt of copies of all documents:**  **I confirm that I have had a meeting with my Line Manager to discuss the recommendation from him/her to confirm me in post and received a copy of this completed report form and have received a copy of all relevant documentation.**  **Comment (if appropriate):**  **Signed (Probationer): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| **To be signed off by Senior Manager**  **Uphold Recommendation \_\_\_\_\_\_\_\_\_\_\_\_**  **Amend Recommendation \_\_\_\_\_\_\_\_\_\_\_\_**  **Specify Amendment :**  **Signed (Senior Manager): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Senior Manager to return this document to Line Manager.**  **Once form is completed and signed by all parties, Line Managers should return this probationary report form to HR Hub (**[**hrhub@qub.ac.uk**](mailto:hrhub@qub.ac.uk)**) on completion of the probationary period.** | | | | | | | |