**PROBATION REVIEW FORM**

Probation Review Form to be completed by the line manager for confirmation.

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |  | ID |  |
| Designation  |  | Department |  | Salary |  |
| Company Name |  |
| Joining Date |  | Confirmation Due on |  |
| Appraiser |  | Designation |  |

#### RATING SCALE

***Ratings:*** *5=Excellent, 4=Very Good, 3=Good, 2=OK, 1=Insufficient*

Please comment on the following keeping the above rating scale in mind narrate critical events substantiating your rating/observation

|  |  |  |
| --- | --- | --- |
| **No.** | **COMMENTS** | **Rating** |
| 1 | Tasks assigned and the results achieved |  |
| 2 | Quality of work |  |
| 3 | Job knowledge / skills depth |  |
| 4 | Reliability / Dependability |  |
| 5 | Ability to get along with colleagues |  |
| 6 | Adherence and commitment to Nitol-Niloy Group principles, policies & practices |  |
| 7 | Interpersonal relations during this period with other staff |  |

 Total Score =

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you recommend this employee for confirmation?  **YES NO EXTEND PROBATION****Achievement (If Applicable):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of file attended (%)** | **Collection (%)** | **Average Sales (%)** | **Office Attendance (%)** |
|  |  |  |  |

If Yes: i. Revise Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ii. Number of increment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ iii. with effect from \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Appraiser Signature Head of Department/UnitDate: Date: |

|  |
| --- |
| To be filled by HR Department: Confirm Do Not Confirm Extend Probation **with salary (Scale):\_\_\_\_\_\_\_\_\_\_** |
| **Checked by** | **Approved by** |
|  |  |  |
| **Advisor (HR)** | **Director (HR)** | Managing Director / Chairman |