

Probation Review:

Before completing the form, you are advised to read the University’s Probationary Period Guidelines on the Human Resources website at (http://www.strath.ac.uk/hr/policiesandprocedures/probationary).

Please note: a copy of this form should be passed to Human Resources following the final review meeting. You should seek Human Resources advice as soon as possible if difficulties arise during the probationary period which means that extending the probationary period and/or considering dismissal are possible outcomes.

|  |
| --- |
| Probationer’s details |
| Name |       | Start Date |       |
| Job Title |       | Grade |       |
| Department |       | Line Manager |       |
| Interim Review Date |       | Final Review Date |       |

| Interim Review |
| --- |
| * 1. Interim Review Checklist
 |
| To be completed by the line manager in discussion with the member of staff. |
| **Criteria** | **Improvement Required** | **Satisfactory** | **Good** | **Excellent** |
| Quality and accuracy of work | [ ]  | [ ]  | [ ]  | [ ]  |
| Volume of work | [ ]  | [ ]  | [ ]  | [ ]  |
| Competency in the role (job knowledge, technical skills) | [ ]  | [ ]  | [ ]  | [ ]  |
| Work relationships (team working, interpersonal and communication skills) | [ ]  | [ ]  | [ ]  | [ ]  |
| Awareness and delivery of stakeholder/business needs | [ ]  | [ ]  | [ ]  | [ ]  |
| Conduct and attitude | [ ]  | [ ]  | [ ]  | [ ]  |
| Attendance and timekeeping | [ ]  | [ ]  | [ ]  | [ ]  |
| Other (please specify) | [ ]  | [ ]  | [ ]  | [ ]  |
| If any aspects of the factors listed above require improvement, please provide details below:      |
| Where concerns have been identified please summarise the improvement required and support available during the remaining period of probation:      |
| Summarise the member of staff’s performance and progress over the period:      |

| * 1. Interim Review Objectives
 |
| --- |
| Have the objectives identified for this period of the probation been met? | Yes [ ]  | No [ ]  |
| If no, what further action is required?      | When will this action be reviewed? |       |
| Staff induction and the associated training and procedures should be normally be completed by the interim review meeting.Has the online induction checklist been fully completed?Have the induction process requirements and training and development needs identified for this period of the probation been addressed? | Yes [ ]  | No [ ]  |
| If no, what further action is required?      | When will this action be reviewed |       |

|  |
| --- |
| * 1. Interim Review Signatures
 |
| Member of staff’s signature |  | Date |  |
| Line manager’s signature |  | Date |  |

|  |
| --- |
| Final Review |
| * 1. Final Review Checklist
 |
| To be completed by the line manager in discussion with the member of staff. |
| **Criteria** | **Improvement Required** | **Satisfactory** | **Good** | **Excellent** |
| Quality and accuracy of work | [ ]  | [ ]  | [ ]  | [ ]  |
| Volume of work | [ ]  | [ ]  | [ ]  | [ ]  |
| Competency in the role (job knowledge, technical skills) | [ ]  | [ ]  | [ ]  | [ ]  |
| Work relationships (team working, interpersonal and communication skills) | [ ]  | [ ]  | [ ]  | [ ]  |
| Awareness and delivery of stakeholder/business needs | [ ]  | [ ]  | [ ]  | [ ]  |
| Conduct and attitude | [ ]  | [ ]  | [ ]  | [ ]  |
| Attendance and timekeeping | [ ]  | [ ]  | [ ]  | [ ]  |
| Other (please specify) | [ ]  | [ ]  | [ ]  | [ ]  |
| If any aspects of the factors listed above require improvement, please provide details below:      |
| Where concerns have been identified please summarise the improvement required and support available during the remaining period of probation:      |
| Summarise the member of staff’s performance and progress over the period:      |
| Have all aspects of the induction process been completed and the online induction checklist signed off? Yes [ ]  No [ ]  |
| Is the member of staff’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:      |
| Should the member of staff’s probationary period be extended? | Yes [ ]  | No [ ]  |
| If yes, please provide reasons and specify areas for improvement, support available and how progress will be monitored:      | Length of extension (Max 3months) |       |
| New probation completion date: |       |

| * 1. Final Review - Member of Staff Comments
 |
| --- |
| The member of staff may provide any comments about their performance during the probationary period here:      |

|  |
| --- |
| * 1. Final Review Signatures
 |
| Member of staff’s signature |  | Date |  |
| Line manager’s signature |  | Date |  |
| Dean’s/Director’s Signature (where applicable |  |  |  |

**Please note:** Human Resources will confirm in writing, following receipt of the completed form, the outcome of the probationary period.