



# Employee Probation Report

This paperwork is to help access the work performance of a CSCS employee during their Probation period to promote discussion on the Probation objectives in order to achieve successful progression of employees.

## Section 1 – To be filled out by the Employee

Employees please note that we wish to receive honest and constructive feedback on your performance to date, so it is imperative to fill out this section as truthfully as possible.

### Employee Details

First Name :

Surname:

Staff ID Number:

Position Title:

### Employment Details

Commencement date:

Campus Name:

Probation Period: 3months (1, 2 levels) 6 months above

### Additional Information from Employee

Answer the following questions.

**Q1. What areas of your role do you think you have excelled at?**

**Q2. What areas of your role could you improve on?**

**Q3. Has the job met your expectations?**

**Q4. Any others comments**



**Employee Signature**

Name:

Position:

Signature:

Date signed:

Hand into the Supervisor

**Zone Manager/ CSCS Management**

**Section 2 – To be filled out by the Zone Manager/ Supervisor/ Management**

To be completed by the Supervisor/ Zone Manager before the probation meeting.

**Q3. Comments on their attendance to work?**

**Q4. Comments on their work performance?**

**Any other comments**

**Recommendations**

**Zone Manager/ CSCS Management**

Name:

Position:

Signature:

Date signed:



**Probation Meeting Details**

Date and Time of Probation meeting:

Location:

Additional information submitted to support meeting: (Email forms )

**Probation Recommendation**

1. Do I support the findings of the End of Probation Meeting? Yes/no

I acknowledge the reasons for supporting/ denying this Probation report.

Name:

Position:

Signature:

Date signed:

**Probation Recommendation**

1. Was the Probation completed successfully Yes/ no

2. Probation period to continue? Yes / No

3. Probation to be extended.  
Proposed date of Extension

Issues to be addressed

Next Probation meeting date:

**Zone Manager/ CSCS Management**

Name:

Position:

Signature:

Date signed: