Academic Staff Probation

Probation Review Committee Report

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| Appointment Overview |  |
| Employee name | Click here to enter text. |
| Employee number | Click here to enter text. |
| Position title | Click here to enter text. |
| Academic level | Choose a level. |
| Work function\* | Choose a work function. |
| School or Institute | Click here to enter text. |
| Date of appointment | Choose a date. |
| Names of committee members | Click here to enter text. |
| Current probation review | Choose a review. |

For continuing appointments.

For further information on probation, please visit our [website](https://www.csu.edu.au/division/people-culture/current-staff/my-employment/starting-at-the-university/probation).  
*\* If a change of work function is required, please complete the* [*request form*](https://cdn.csu.edu.au/__data/assets/pdf_file/0010/229969/Change-Work-Function.pdf)

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| General comments and achievements against objectives |
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| Specific actions to be undertaken for next review and support provided |
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| Committee recommendation | | | | | |
|  | Appointment to continue to next review in 12 months, or in six months if this is the 24 month review | | | | |
|  | Appointment to be confirmed  Have all special conditions associated with the appointment been met (including the completion or exemption (provide evidence) of required subjects in the Graduate Certificate in Leading and Teaching in Higher Education)? ☐ Yes ☐ No ☐ N/A | | | | |
|  | Appointment to continue to a review in Click here to enter number months. | | | | |
|  | Appointment to be annulled *(forward report via your* [*Business Partner*](https://www.csu.edu.au/division/people-culture/current-staff/staff-contacts#business-partners) *for approval)* | | | | |
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| Presiding Officer’s Name | |  | Signature  (*on behalf of committee)* |  | Date | |

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| Employee’s comments  Complete and return to the supervisor within 7 days of receipt. NOTE: If not returned within 7 days, the report will progress without the employee’s comment in order to meet the probationary review timeframe. | | | | |
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| Name |  | Signature |  | Date |

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| Authorisation and comments  Levels A to E = Band 7 (e.g. Executive Dean, Executive Director (Institutes), Pro Vice-Chancellor) | | | | |
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|  |  |  |  |  |
| Name |  | Signature |  | Date |

**Ensure the Staff member’s report accompanies this form when submitting for approval and to Employee Services**