**PROBATION ASSESSMENT FORM**

**PLEASE COMPLETE THIS FORM IN FULL AND RETURN TO**

**COMPENSATION AND BENEFITS, HUMAN RESOURCES DEPARTMENT**

**(Scanned Signed copies to be sent to compandbens@ul.ie)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Probation review at | | Month 3 |  | Month 6 |  | Month 9 |  |
| Employee Name: | |  | | | |  |  |
| Line Manager / Head of Department Name: | |  | | | |  |  |
| Dept.: | |  | | | |  |  |
| Job Title: | |  | | | |  |  |
| Date of Appointment: | |  | | | |  |  |
| Date of Review: | |  | | | |  |  |
|  | | | | | |  |  |
| **Performance Review – Please tick box as and if appropriate** | | | | | |  |  |
| **Coding:**   1. = Consistently top performer 2. = Exceeds expectations | | | 1. = Meets expectations 2. = Needs improvement 3. = Not satisfactory | | |  |  |
| **As Per Performance Codes** | | | 1 | 2 | 3 | 4 | 5 |
| Attendance *(incl. punctuality and absenteeism)* | | |  |  |  |  |  |
| Communication | | |  |  |  |  |  |
| Adaptability | | |  |  |  |  |  |
| Achievement of duties | | |  |  |  |  |  |
| Suitability for the Role | | |  |  |  |  |  |
| Teaching | | |  |  |  |  |  |
| Research | | |  |  |  |  |  |
| Academic Leadership | | |  |  |  |  |  |
| Contribution to the wider Community | | |  |  |  |  |  |
| Other: |  | |  |  |  |  |  |
| Overall Comment on Performance | | | | | | | |
| Where performance may need improvement, please outline the required changes in performance and the associated timelines. | | | | | | | |
| **Training/Support Required**  Development needs/support needs identified during probation. Action agreed before next meeting: | | | | | | | |
| **What action** | | | | **Who is responsible** | | **By when** | |
| e.g. Attend induction  e.g. Arrange access to equipment for employee  e.g. specific on the job training | | | | Employee / Manager | | Insert Date | |
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| **Comments** |
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| **Policies & Procedures / Mandatory Training (Six Months Review)** | |  |
| **Tick as Appropriate** | **Yes**  (Copy of Completed Checklist Enclosed) | **No** |
| Have you completed and returned the Six Months Checklist to HR indicating understanding of UL’s policies and procedures / completion of mandatory training? |  |  |

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| **Overall Assessment (Nine Month Review)** |
| In the case of the Final Assessment (nine month review), a specific recommendation should be made:   1. Confirm appointment; 2. Terminate appointment or 3. Extend probation (available in certain limited circumstances with prior HR approval, normally due to extended leave periods). |
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| Please confirm that the contents of the above assessment have been discussed with the employee. | Yes |  | No |  |
| Signed: (Employee) | Date |  | | |
|  |  |  | | |
| Signed: (Line Manager / Head of Department) | Date |  | | |
|  |  |  | | |

It is the responsibility of the Line Manager to return the completed probation forms to Human Resources and to provide a copy to the employee.

Copy of the Six-Month Checklist should be enclosed at the six-month review.