**To be completed by the line manager – a copy should be given to the employee after each review**.

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| **EXTENDED TRIAL PERIOD** |
| Employee Name | Employee Number |
| Job Title (trial position) | School/Department (trial position) |
| Extended Trial periodFrom To | Trial period Line Manager Name & Job Title |
| 1. Explain the key reasons for the extension. List the areas which the extension period will focus on – gaps in skills, knowledge, experience required to meet the essential criteria for the role. Set objectives, be clear about levels of competence required.
 | Complete by (date) |
|  |  |
| 1. List any outstanding training needs to meet the essential criteria for the role, how these will be met and who is responsible for making any necessary arrangements.
 | Complete by (date) |
|  |  |
| 1. Set appropriate review dates according to the length of the extension period. (Add more sections below as necessary)
 |
| Review meeting date | Complete by (date) |
|  |  |
| Review meeting date | Complete by (date) |
|  |  |

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| **RECOMMENDATION at the end of the extended trial period** |
| * Confirm appointment (Manager to send scanned copy of form to People & OD Operations)
 |
| * Unappointable

Manager must send scanned copy of form to Director of People & OD. Provide written explanation of the reasons for this recommendation…..  |
| * Unsuitable - Employee feels post is unsuitable

(Manager must send a scanned copy of form Director of People & OD, and Employee must submit their reasons in writing to the Director of People & OD) |
| Manager’s name | Signature  | Date |