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**Record of Probationary Review Meeting Forms**

Before you complete the probationary review forms you should read the [Policy and Procedure on Induction and Probation Arrangements for Professional Services Employees (Grades 1 -5)](https://documents.manchester.ac.uk/DocuInfo.aspx?DocID=20638)

The probationary review forms should be emailed to Employment Services once completed.

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| --- | --- |
| Name of employee |  |
| Department |  |
| Name of manager |  |
| Employees start date |  |
| Initial Meeting Date |  |
| Month 3 Review Date |  |
| Month 5 Review Date |  |
| Final Review Date |  |

Text

Description automatically generated **Initial Meeting**

This meeting should be held within 1 month of the employee commencing and be completed in discussion with the employee.

Probation objectives clarify expectations for the new employee and will help both parties have a mutual understanding of expectations and any immediate training needs/support required to succeed.

Please review ["How to set objectives guidance"](https://documents.manchester.ac.uk/DocuInfo.aspx?DocID=36787) to support you completing this effectively.

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| **Objectives during Probationary:**  Please identify specific objectives for the employee (for 1-5 months, as appropriate). These will be statements of what should be achieved during the probationary period, including indicators of success and timescales for achievement. |
| **Development Plan during Probationary:**  To support the employee in achieving these objectives, please identify any training and development needs and specify how and when these needs will be addressed during the probationary period. |
| Clarify with the employee if they require any [reasonable adjustments](https://www.ucl.ac.uk/equality-diversity-inclusion/equality-areas-and-support/disability-equality/defining-disability-and-reasonable-adjustments) or accessibility support to help them succeed during the probationary period and beyond. If yes, consider if you need to schedule another meeting with a member of the People and OD Directorate to support. |

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| Manager’s signature |  |
| Employees signature |  |
| Date |  |

**Probationary Review Meeting 1**

This should be completed in discussion with the employee with a view to explore all necessary support required in the initial period of their probationary.

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| **Date Meeting Held:** |  | | |
| **Please tick the relevant outcome for the criteria below** | **Improvement is required** | **Meeting Expectations** | **Exceeding Expectations** |
| Behaviour and conduct demonstrated towards colleagues (and customers if relevant to the role). |  |  |  |
| Attitude demonstrated towards work and role |  |  |  |
| Quality and accuracy of work |  |  |  |
| Performing duties to an acceptable standard according to the requirements of the role |  |  |  |
| Timekeeping |  |  |  |
| Attendance |  |  |  |
| If any areas of performance, conduct or attendance require improvement please provide specific reasons below: | | | |
| Please provide any other additional information to support initial feedback: | | | |
| If any concerns have been identified, please detail a relevant improvement plan as to how they will be addressed and what training or support is required (indicating any target dates for completion). | | | |
| Summarise feedback regarding the employees’ progress over the period: | | | |
| Are objectives on target to be met?  If no summarise what further action is required to support objectives to be met: | | | |
| Have the training/development needs identified to date been met?  If no summarise what further action is required to support training needs to be met: | | | |
| Employees Comments/Feedback on probationary experience to date: any specific comments/feedback on role/working environment and conditions can be shared here | | | |
| Managers Signature | | | |
| Employees Signature | | | |
| Date | | | |

**Probationary Review Meeting 2**

This should be completed in discussion with the employee with a view to providing further feedback on progress since review meeting one and ensuring all necessary training and support plans are being delivered.

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| **Date Meeting Held:** |  | | |
| **Please tick the relevant outcome for the criteria below** | **Improvement is required** | **Meeting Expectations** | **Exceeding Expectations** |
| Behaviour and Conduct demonstrated towards colleagues |  |  |  |
| Attitude demonstrated towards work and role |  |  |  |
| Quality and accuracy of work |  |  |  |
| Performing duties to an acceptable standard according to the requirements of the role |  |  |  |
| Timekeeping |  |  |  |
| Attendance |  |  |  |
| If any areas of performance, conduct or attendance continue to require improvement please provide specific reasons below | | | |
| Please provide any other additional information to support feedback – if any of the above indices have changed since the first review meeting then please insert any relevant feedback as to why | | | |
| **Training and Support**  Have any previous training needs/support identified in the first review meeting been met/on target to be met?  If no, please detail reasons and updated training/support plan  If any new areas for concern have been identified since the first review meeting, please detail the relevant improvement plan as to how they will be addressed and what training or support is required | | | |
| Summarise feedback regarding the employees’ progress over the period | | | |
| Are objectives on target to be met  If no summarise what further action is required to support objectives to be met | | | |
| Have the training/development needs identified to date been met  If no summarise what further action is required to support training needs to be met | | | |
| Is the employee on target for the probationary period to be successfully completed? | | | |
| Employees Comments/Feedback on probationary experience to date: any specific comments/feedback on role/working environment and conditions can be shared here | | | |
| Managers Signature | | | |
| Employees Signature | | | |
| Date | | | |

**Final Probationary Review Meeting**

This should be completed in discussion with the employee with a view to confirming the outcome to the probationary period.

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| **Please tick the relevant outcome for the criteria below** | **Improvement is required** | **Meeting Expectations** | **Exceeding Expectations** |
| Behaviour and Conduct demonstrated towards colleagues |  |  |  |
| Attitude demonstrated towards work and role |  |  |  |
| Quality and accuracy of work |  |  |  |
| Performing duties to an acceptable standard according to the requirements of the role |  |  |  |
| Timekeeping |  |  |  |
| Attendance |  |  |  |
| Have the objectives identified for the probationary period been met | **Yes/No** | **If no: please provide details** | |
| Have the training needs and support identified during the probationary period been met | **Yes/No** | **If no: please provide details** | |
| Have all mandatory learning and training requirements been met | **Yes/No** | **If no: please provide details** | |
| Summarise overall feedback of attitude/conduct and performance during probationary period | | | |

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| **Section 2: Outcome of Probationary Period** | | | | | | | | | |
| **Probationary period has been successfully completed** | | | | Yes | | | | No | |
| **Probationary is to be extended** | | | | Yes | | | No | | |
| Reasons for the extension and specific areas for improvement: | | | | | | | | | |
| Duration of Extension | 1 Month | | 2 Months | | | 3 Months | | | |
| Agreed Support/Training to assist with meeting the required improvements: | | | | | | | | | |
| Agreed date of next probationary review meeting: | |  | | | | | | | |
|  | | | | | | | | | |
| **Consideration that the Probationary Period**  **has not been successful and employment**  **could be terminated with one weeks’ notice** | | | | | **Yes** | | | | **No** |
| Specific reasons for potential unsuccessful probation period | | | | | | | | | |
| Employees feedback/representations | | | | | | | | | |
| Confirm employee will receive decision in writing and if employment is terminated the right to appeal within 10 working days of receipt of the letter | | | | | | | | | |

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| **Section 5: Employee Feedback/Comments** |
| The employee may provide any comments about their experience of the probationary process here: |

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| Manager’s signature |  |
| Date |  |
| Employees signature |  |
| Date |  |