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| **Probation Report Form (PRF)** |
| **1. Personal Details** |
| Staff Member | Staff No: | Position |
| Contract Type: | Contract Duration | School/Department |
| College/Centre | Date of Commencement | Date of Review |
| **Mid Term Review**  | **Final Review**  | **Special Review**  |
| **2. Induction** |
| ***Has the Induction process to date been satisfactory?*** | Yes  No  Please comment**:** |
| ***Note any actions*** |  |
| **3. Performance & Behaviour** |
| ***Has a satisfactory understanding of all the duties assigned to date been demonstrated?*** | Yes  No Comments**:** |

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| ***Note any actions*** |  |
| ***Rate the performance of the staff member.******To date in relation to the objectives and targets agreed on date of commencement (ref Induction Policy - Day 1 )*** | Performance Rating:***\*\* See guide to performance ratings below.***Poor  Satisfactory  Good Comments: |
| ***Note any actions*** |  |

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| ***Rate the behaviour s of the staff member to date******Dignity & Respect Rating***:Poor  Satisfactory  Good Comments:***Health & Safety Rating***:Poor  Satisfactory  Good Comments: | ***\*\*\* See guide to behavioural ratings below.******Teamwork Rating***:Poor  Satisfactory  Good Comments:***Customer Service Rating***:Poor  Satisfactory  Good Comments: |
| ***Note any actions*** |  |

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| ***Have the job expectations been met*** | Yes  No  Please comment: |
| ***Note any actions*** |  |
| **4. Attendance** |
| ***Has attendance to date been satisfactory?*** | Yes  No Comments**:**Certified: **( )** Uncertified: **( )** Other: **( )**Please comment**:** |
| ***Note any actions*** |  |
| **5. Training** |
| ***Has the training plan agreed at Induct ion been implemented*** | Yes  No  |

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| --- | --- |
| **Note any actions** |  |
| ***Has the training received to date been satisfactory?*** | Yes  No  Please comment**:** |
| **Note any actions** |  |
| **6. Declaration**We confirm that the above Probation Review Meeting has taken place.**Signatures: Staff Member: Manager:**  |
| **7. Recommendation*****N.B.- Only for completion following Final Review Meeting:***Following completion of the above Final Probation Review Meeting, I wish to recommend that:*The appointment of the above named to TU Dublin should be confirmed* *The appointment of the above named should be terminated in accordance with TU Dublin procedures* *The probationary period of the above named should be extended for a further period until* *(date), for the following reasons:*  |

Signed: Date:

# Manager

**.**

**.**

**For HR Use Only:-**

I have reviewed the file and (*tick as appropriate*);

I am satisfied 

I am not satisfied 

that TU Dublin Probation Procedures have been followed and that the recommendation of the Line Manager is justified and supported by appropriate evidence.

I approve 

I do not approve  the above recommendation. *(tick as appropriate)*

**Signed: Title:**

 **Head of Human Resources**

**Date**:

***\*\* Guide to Performance Ratings***

***Poor*** = **Objectives identified at induction have not been met. Not meeting expectations.**

***Satisfactory*** = **Objectives identified at induction have partially been met. Meeting some expectations.**

***Good*** = **Objectives identified at induction have fully been met. Meeting all expectations.**

***\*\*\* Guide to Behavioural Ratings Poor*** = **Not meeting expectations.**

***Satisfactor y*** = **Meeting some expectation s**

***Good*** = **Meeting all expectati ons**