**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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|  |  |
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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.