

EMPLOYEE PROBATION OBJECTIVE & CONFIRMATION FORM

Name of Employee		Employee ID	
Supervisor's Name		Department	
Date of Joining		Date of Probation Completion	
Objective / Task (to be filled by Supervisor on joining)	Objective / Task Status Update (to be filled by Employee at the time of evaluation)	Evaluation (to be filled by Supervisor at the time of evaluation)	Evaluation (to be filled by the Supervisor in case of probation extension)

Employee's Remarks (to be filled at the time of evaluation)

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Supervisor's Remarks (to be filled at the time of evaluation)

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Supervisor's Evaluation (please tick)

Overall Performance During Probation		Decision	
Outstanding		Confirm	
Above Expectations		Extend Probation	
Meets Expectations		In case of extension, specify months	
Below Expectations		Do Not Confirm	
Poor			

Signed by Employee		Date	
Signed by Line Manager		Date	
Signed by Director / Dean		Date	
Signed by HR		Date	