

The following								
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)		Up (to be filled	Objective / Task Status Update (to be filled by Employed at the time of evaluation)		Evaluation (to be filled by Supervisor at the time		Evaluation (to be filled by the Supervisor in case probation extens	se of
		<u> </u>						
Employee's Remarks (to be filled at the time of evaluation)								
Supervisor's Remarks (to be filled at the time of evaluation)								
		Super	visor's Evalu	ation (J	olease tick)			
	Overall Performance During Probation			Decision				
	Outstanding		(Confirm				
	Above Expectations		F	Extend Probation				
	Meets Expectations		N	New Completion Date				
	Below Expectations		Г	Do Not Confirm				
	Poor							
Signed by Employee					Date			
Signed by Supervisor					Date			
Signed by HR					Date			

Human Resources Last Updated: July 2023