**END OF PROBATIONARY PERIOD CHECKLIST**

To be completed before the end of the staff member’s probationary period.

|  |  |
| --- | --- |
| Employee’s name: |  |
| Job title & team: |  |
| Manager’s name: |  |
| End date of probation period: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment of skill or attribute** | ***Yes*** | ***No*** | ***Comment*** |
| Has the employee demonstrated the required knowledge and skills to perform the job well? |  |  |  |
| Has the employee applied those skills in a competent and efficient manner? Has the employee developed positive, cooperative working relationships with their colleagues? |  |  |  |
| Has the employee’s attendance been regular, reliable and punctual? |  |  |  |
| Do you believe the employee will be able to handle untested tasks? (e.g. requirements of the job that the new employee has not completed yet, such as annual reporting) |  |  |  |
| Will you recommend confirmation of ongoing employment? |  |  |  |

**Recommended by:**

…………………………………………………………………………………………………………… …………………………………

***[Insert name and title]*** Date

**Recommendation approved by:**

………………………………………………………………………………………………………….. …………………………………

***[Insert name and title]*** Date