

PROBATION COMPLETION FORM



Name :		EID:	
Designation:		Appraisal period: From: To:	
Date of joining service:		Reviewer name and designation:	
Supervisor name and designation:			
Part A: Adjectival Performance Appraisal:			
Give a brief description of the employee's work during the appraisal period			
1			
2			
3			
4			
5			
Part B: Evaluate Competencies			
Sl. No.	Performance Factors	Meets requirements	Do not meet requirement
1.	Personal Accountability - Holds oneself accountable for results, learns from past actions & improves response to challenges.		
2.	Fostering Teamwork - As a team member, is able and desires to work cooperatively with others on a team, understands group goals; individual roles, participates with positive attitude and communicates openly.		
3.	Managing Performance - Possesses a strong work ethic and mental outlook that enable a strong output of high- quality work on a consistent, reliable basis.		
4.	Technical expertise - Understands and is familiar with the processes and procedures involved under their direct job responsibility and can perform these duties with strong efficiency.		
Part C: General Feedback			
What are the employee's significant strengths and contributions			
Describe areas in which the employee requires improvement.			
Part D: Recommendation			
Action	Yes	No	Remarks
Continuation for Employment Recommended			
Supervisor's name:			
Designation			
Signature			Date

Signature of Concerned HoD

Endorsed by CEO