



DEPARTMENT OF HUMAN RESOURCES
MEDICAL TEACHING INSTITUTION
 Gajju Khan Medical College / Bacha Khan Medical Complex Swabi /THQ
 Topi/THQ Lahore
 (Khyber Pakhtunkhwa)



Probation Period Review Form

Employee Name			
Department			
Personal Number			
Service Area / Section			
Date of Joining	/	/	
Manager HOD		Review Date	/ /

Section 1- First Month Review

Objectives Set	Discussion Points / Action Agreed	Completed By:
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____

Section 2 – Monthly Review / 6 Month Review

	Improvement Required	Average	Good	Excellent
Quality And Accuracy of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Relation (Team work and interpersonal and communication skills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Performance Feedback – Outline of areas where employee is performing well against objectives and standards set:

Which areas require improvement give details below:

Outline any plans to improve performance:			
<hr/> <hr/> <hr/>			
Areas of improvement	Discussion points / Action agreed		
<ul style="list-style-type: none"> • _____ • _____ • _____ 	<hr/> <hr/> <hr/>		
Outline the employee views on the job , work environment and working conditions:			
<hr/> <hr/> <hr/>	Managers Action Points:		
<hr/> <hr/>			
Summary of employee overall performance:			
<hr/> <hr/>			
Monthly Review (Sign and date below)	<input type="checkbox"/>	Final Review (Move on to the next section)	<input type="checkbox"/>
Employee Signature			
Manager's Signature			
Date:	/ /		

Section 3 Final Month Review Only:

Is the employee appointment to be confirmed?	Yes <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes , confirmation of successful probation period letter to be send to employee		
If No , give details of the concern and schedule a probation period hearing date below:		
<hr/> <hr/>		
Date of Probationary Period Hearing	/ /	
Where an extension of the probation period is determined as part of the probationary period hearing. Section 2 Monthly Review of the probation period review from must be completed on a monthly basis to review progress.		
Employee Signature :		
Manager Signature :		
Date:	/ /	

Once Completed return to HR Department MTI GKMC/BKMC

<hr style="width: 80%; margin: 0 auto;"/> <p>Issued by HR Assistant</p>	<hr style="width: 80%; margin: 0 auto;"/> <p>HOD Signature</p>	<hr style="width: 80%; margin: 0 auto;"/> <p>HR Manager MTI GKMC/BKMC</p>
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