3-Month Probation Review Checklist

Employee Information

Employee Name
Position
Department
Reviewer Name
Review Date
Treview Date
Due bette us Device d'Ouers de con-
Probation Period Overview
Start Date
Fod Data
End Date
Performance Criteria
Quality of Work
Productivity
Punctuality / Attendance
-

Communication Skills	
Topmundi	
Teamwork	
Initiative	
Achievemente & Strongthe	
Achievements & Strengths	
Areas for Improvement	
Action Plan / Recommendations	
Action Figure 1 (action)	
Decision	
Recommendation	
Recommendation	•
Neter	
Notes	
Employee Comments	

Reviewer Signature		
Date		
Employee Signature		
Date		