**FORM P3: STAFF PROBATION APPRAISAL REPORT**

**CONFIRMATION | TERMINATION OF PROBATION APPOINTMENT**

(GAO 3.2.3 and PSC Rule 26)

**CONFIDENTIAL**

#### PART 1: Personal information – to be completed by the officer on probation

#### (Click on grey box to enter information)

|  |  |
| --- | --- |
| Ministry | Department: |  |
| Name: |  |
| Post: |  |
| Current Band/salary: | Level: Salary:   |
| Date of appointment: |  |
| Assessment period: | From: To:   |

1.1 List qualifications, workshops, courses, seminars and conferences attended during the six month probation period only – including government workshops

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of program**  | **From** | **To** | **Institute/Provider** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1.2 Provide a brief outline of the main activities and outcomes you have achieved during this probation period: (**CLICK IN TEXT BOX TO START)**

**PART 2: Probation interview – Must be completed by immediate Supervisor with the Officer**

2.1 Key to rating and points:

A – Outstanding (10) B – Very Good (8) C – Good (6)

D – Average (5) E – Fair (4) F – Unsatisfactory (2)

|  | **Aspects** | **A** | **B** | **C** | **D** | **E** | **F** | **Remarks** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Knowledge and application of work |  |  |  |  |  |  |  |
|  | Quality of work |  |  |  |  |  |  |  |
|  | Quantity or output of work |  |  |  |  |  |  |  |
|  | Communication and interpersonal skills |  |  |  |  |  |  |  |
|  | Initiative and judgment |  |  |  |  |  |  |  |
|  | Management of subordinate staff and/or working with others |  |  |  |  |  |  |  |
|  | Attendance/punctuality |  |  |  |  |  |  |  |
|  | Overall grading |  |  |  |  |  |  |  |

* 1. Provide a brief summary of performance on the key aspects listed above:
	2. Provide a brief summary of any performance issues faced during the probation period:
	3. Discuss and agree on an action plan for the next 6 months:

**PART 3: Training and Career development:**

**Immediate supervisor must discuss and agree with the officer on training needs for the next 6 months (Short Term trainings & on-the job Trainings)**

* 1. Discuss officers Strengths and areas for improvement

3.2 Provide details of any training and development needs aligned with current post (short term):

Appraised Officer’s signature:

Immediate Supervisor’s name: Signature:

Post: Level: Date:

**PART 4: Reviewing officer recommendation** (Any other responsible officer at least one level above immediate supervisor)

□ I endorse the recommendation for Confirmation of this officer

□ I do not endorse the recommendation of Confirmation, and recommend termination of the probation appointment

Overall Comments by reviewing officer:

Reviewing officer name: Signature:

Post: Level: Date:

**PART 5: Secretary to Government**

□ I endorse the recommendation for Confirmation of this officer

□ I do not endorse the recommendation of Confirmation, and recommend termination of the probation appointment

**Note:** Where the recommendation is for termination of the probation appointment, reports must include details of mandatory oral and written warnings provided to the officer during the probation period.

Comments:

Name of Secretary to Government:

Secretary to Government (signature): Date: