

Probation completion form

NAME:	CITIZENSHIP ID NO:	DESIGNATION:
GRADE:	DEPARTMENT:	
PROBATION START DATE: (dd/mm/yyyy)	PROBATION COMPLETION DATE: (dd/mm/yyyy)	

Note:

1. Please use Block Letters and date format as mentioned above.
2. While filling up the form, please keep it neat and clean as possible. Avoid overwriting as much as possible.

Give a brief description of the duties carried out by the candidate during the Probation Period (Please attach extra sheet if required)					
Performance Rating					
Overall Performance	Unsatisfactory	Satisfactory	Good	Very Good	Outstanding
Remarks:					
Recommendation for:					
Supervisor			Chief Executive Officer		