



PROBATIONARY ASSESSMENT REPORT

(To be filled up by the immediate supervisor and submit to HR 2 weeks before confirmation date)

EMPLOYEE'S PARTICULARS

Name		Employee ID	
Designation		Department/Division	
Date Joined		Confirmation Due Date	
Name of Immediate Supervisor			
Name of Head of Division			

Probation Period:-
[please tick (√)]

6 Months

3 Months

A. Assessment on Work Deliverables (50%)

Please list the expected and actual deliverables performed. State also any remarks. Use separate sheet if more space is required.

NO.	EXPECTED DELIVERABLES (Staff to fill up this column in consultation with supervisor at the start of the probation period)	ACTUAL DELIVERABLES (Staff to fill up this column at the end of the probation period)	RATING (Supervisor to fill up this column) 4 - Outstanding 3 - Exceeds Expectations 2 - Meet Expectations 1 - Improvement Required 0 - Unsatisfactory	SUPERVISOR'S REMARKS / COMMENTS
1				
2				
3				
4				
5				
6				
TOTAL RATING				

TOTAL SCORE ASSESSMENT ON WORK DELIVERABLES (PART A) = $\frac{\text{TOTAL RATING} * 100}{\text{TOTAL NO. OF DELIVERABLES} * 4}$

= _____ %

B. ASSESSMENT ON COMPETENCY FACTORS (50%)

Please tick (✓) in the box which describes the employee's behaviour.

NO.	SCALE COMPETENCY FACTORS	UNSATISFACTORY (0)	IMPROVEMENT REQUIRED (1)	MEETS EXPECTATIONS (2)	EXCEEDS EXPECTATIONS (3)	OUTSTANDING (4)
1	Customer Focus A passion for providing first-class service to customers (external and internal).					
2	Market Awareness A drive to be close to and to understand the market.					
3	Integrity The drive to observe the highest professional and ethical standards.					
4	Clear Thinking The drive and ability to think logically and creatively.					
5	Drive to Succeed A drive for excellence, meeting & beating stretching goals & standards.					
6	Leadership The drive and ability to inspire others to work together to achieve results.					
7	Teamwork The drive to work together with others towards shared goals.					
8	Commitment The drive to do everything possible to support the organization to succeed.					
9	Openness The ability to embrace change and adapt your approach as needed.					
10	Initiative The drive to think ahead and take action on opportunities and threats.					
11	Building Capability The drive and ability to help others develop their full potential.					
12	Holding People Accountable The determination to ensure others deliver performance as agreed.					
	TOTAL SCORE					

<p>TOTAL SCORE ASSESSMENT ON COMPETENCY FACTORS (PART B) = $\frac{\text{TOTAL SCORE}}{48} \times 100\%$</p> <p>= _____ %</p>
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OVERALL PERFORMANCE SCORE = (TOTAL SCORE PART A + TOTAL SCORE PART B) / 2 = _____ %

C. OVERALL PERFORMANCE ASSESSMENT (50% of deliverables , 50% competencies)

(Please tick (/) in the box which best describes the employee's overall performance)

<input type="checkbox"/>	RATING 4 - OUTSTANDING (SCORE : 88%- 100%) Extremely effective performance that consistently surpasses expectations. Is seen as a role model.
<input type="checkbox"/>	RATING 3 - EXCEEDS EXPECTATIONS (SCORE : 65% - 87%) Significantly above performance expectations. Always achieves expectations and frequently exceeds them.
<input type="checkbox"/>	RATING 2 - MEET EXPECTATIONS (SCORE : 40% - 64%) Consistently fulfills performance expectations and may sometimes exceed them. Is effective in demonstrating the required performance at this level.
<input type="checkbox"/>	RATING 1 - IMPROVEMENT REQUIRED (SCORE : 15% - 39%) Does not perform consistently. Does not meet performance expectations and is in need of key development.
<input type="checkbox"/>	RATING 0 - UNSATISFACTORY (SCORE: Below 15%) Unsatisfactory - Significantly below the level required for successful job performance at his/her level.

Comments From Employee		Employee's Signature (_____)
Comments from Immediate Supervisor	Immediate Supervisor's Signature (1st Level Appraiser) (_____)	An appraisal interview was conducted on _____ The appraise is recommended for: (please tick (✓) where appropriate) i) Confirmation in service / new position <input type="checkbox"/> ii) Extension of probation(*) <input type="checkbox"/> iii) Termination of service(*) <input type="checkbox"/>
Comments from Head of Division		Head of Division's Signature (2nd Level Appraiser) (_____)
Comments from Human Resources		Head of Human Resources' Signature (_____)

(*)-Extension of probation & Termination of service shall be supported by counselling documentation.

