**Icon

Description automatically generated**

**STRICTLY CONFIDENTIAL**

**PROBATIONARY PERFORMANCE APPRAISAL REPORT**

**Probation Period**: **FROM**     (day) **TO**     (day)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Index Number** |  |
| **Position Title** |  | **Grade** |  |
| **Contract Type** |  | **Duty Station** |  |
| **Bureau/Office/Unit** |  | **HR Focal Point** |  |
| **First Level Supervisor** |  |
| **Second Level Supervisor** |  |

|  |  |  |
| --- | --- | --- |
| Plan of Work (Within three weeks of entry on duty) | | |
| **1ST LEVEL SUPERVISOR:** Please indicate the duties or tasks to be completed by the Staff Member during the probationary period. | | |
|  | | |
| **Signatures and Acknowledgement** | | |
| **1st Level Supervisor’s Signature:** | | **Staff Member’s Signature** |
| (day) | | (day) |

|  |  |  |
| --- | --- | --- |
| First review (No later than six months after entry on duty) | | |
| **1ST LEVEL SUPERVISOR’S FIRST REVIEW** | | |
| **Progress on duties or tasks listed in the plan of work.** | | |
|  | | |
| **Staff Member’s strengths and areas of improvement (including work behaviour and competencies)** | | |
| Strengths: | Areas of improvement: | |
| **Overall rating 1st Level Supervisor:** Select the summary of performance that best describes the staff member's performance.  *\* Should be fully substantiated on the appraisal of duties and tasks.* | | |
| Satisfactory  Not Satisfactory | | |
| Any additional information that staff member should take into account: | | |
| **Comments and Signatures** | | | |
| **1st Level Supervisor’s Signature:** | | (day) | |
| **Staff Member’s Signature:** | | **Staff Member’s Comments** | |
| (day) | |  | |
| Second review (No later than ten months after entry on duty) | | |
| **1ST LEVEL SUPERVISOR’S SECOND REVIEW** | | |
| **Appraisal of the plan of work** | | |
|  | | |
|  | | |
| **Further areas of improvement** | | |
|  | | |
| **Overall rating 1st Level Supervisor:** Select the summary of performance that best describes the staff member's performance. | | |
| Satisfactory   Not Satisfactory | | |
| **2nd Level Supervisor’s Decision:** In the case of extension of probationary period, remember to discuss a new plan of work with the staff member. | | |
| Confirmation  Extension of probationary period (up to 18 months)  Non Confirmation | | |
| Please select suggested extension period: | | Please provide the reason behind your suggestion: |
| Any additional information that staff member should take into account: | | |
| **Comments and Signatures** | | | |
| **1st Level Supervisor’s Signature:** | | (day) | |
| **Staff Member’s Signature:** | | **Staff Member’s Comments** | |
| (day) | |  | |
| **2nd Level Supervisor’s Signature:** | | **2nd Level Supervisor’s Comments** | |
| (day) | |  | |
| **Staff Member’s Signature:** | | **Staff Member’s Comments** | |
| (day) | |  | |

* *The Extended Probation section should be completed only if applicable -*

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| --- | --- | --- |
| Extended Probation – Revised Plan of Work (if applicable) | | |
| **1ST LEVEL SUPERVISOR:** Please indicate a revised plan of work. | | |
|  | | |
| **Signatures and Acknowledgement** | | |
| **1st Level Supervisor’s Signature:** | | **Staff Member’s Acknowledgement** |
| (day) | | (day) |

|  |  |
| --- | --- |
| Extended Probation – Final Review (if applicable) | |
| **1ST LEVEL SUPERVISOR’S FINAL REVIEW** | |
| **Appraisal of the revised plan of work** | |
|  | |
| **Further areas of improvement** | |
|  | |
| **Overall rating 1st Level Supervisor:** Select the summary of performance that best describes the staff member's performance. | |
| Satisfactory  Not Satisfactory | |
| **2nd Level Supervisor’s Final Decision:** | |
| Confirmation  Non Confirmation | |
| Any additional comments: | |
| **Comments and Signatures** | | |
| **1st Level Supervisor’s Signature:** | | (day) |
| **Staff Member’s Signature:** | | **Staff Member’s Comments** |
| (day) | |  |
| **2nd Level Supervisor’s Signature:** | | **2nd Level Supervisor’s Comments** |
| (day) | |  |
| **Staff Member’s Signature:** | | **Staff Member’s Comments** |
| (day) | |  |