****

**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 -*

|  |
| --- |
| 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)  |  |