

PROBATION FOR NON-CLINICAL ACADEMIC STAFF FINAL ASSESSMENT

This document will be strictly confidential to those involved in the assessment of the probation, including Appointments Committees

Surname		Forename(s)		Title	
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Office		Faculty/Department	
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Statement by Head of Department/Appraiser (this should include confirmation that the probationer has participated in all 'core' development activities identified)

Signature		Date	
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Comments by Probationer

Signature		Date	
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To be completed by the Head of Department

	Confirm Appointment	Extend Probation	Non-Confirmation
Recommendation to Appointments Committee			