

HEAD OF DIVISION TO COMPLETE**(Attach any associated Performance Review Forms and documentation)**

Division/Office:

Department:

Details of Academic Staff Member

Family Name:

Other Names:

Employee Number:

Date Commenced:

Length of Probation:


Probation Ends:

Report Due:

Requirements of Probation (as set out by Selection Committee, former Probation Committee or after Performance Management Review):

- Attached
- No stated requirements

Comments

Equal Employment Opportunity and No Smoking are University Policies	Human Resources@ 
Source: Form: 10.01b	Created: 20 March 2007 Modified: 20 March 2007

HEAD OF DIVISION TO COMPLETE**Extent and Result of Consultation within Department/Division:****Recommendation or Approval:**

I **approve** that the appointment be confirmed.

OR

I **recommend** that the appointment be terminated.

Signed _____ /_____/_____
 Head of Division (Date)

STAFF MEMBER TO COMPLETE

I have read this report and understand that I may provide a written response.

Signed _____ /_____/_____
 Staff Member (Date)

DEPUTY VICE-CHANCELLOR (ACADEMIC) TO COMPLETE ONLY IF APPOINTMENT NOT CONFIRMED BY HEAD

I have **reviewed** this report, associated reports and any response by the staff member.

I consider the performance of the staff member **IS sufficient**, for the following reasons:

and **approve** that the appointment be confirmed;

OR

I agree that the performance of the staff member is **unsatisfactory** and **approve** that the appointment be terminated.

Signed _____ /_____/_____
 Deputy Vice-Chancellor (Academic) (Date)

TO BE COMPLETED BY HUMAN RESOURCES**Appointment Confirmed or Terminated and Staff Member and Head advised**

Processed and entered: _____ (inits) ____/____/_____
 Checked: _____ (inits) ____/____/_____

Equal Employment Opportunity and No Smoking are University Policies

Source:
Form: 10.01b

Human Resources@



Created: 20 March 2007
Modified: 20 March 2007