

# GOVERNMENT OF ANGUILLA

## FINAL PROBATIONARY REPORT



This form is to be filled in by the Supervisor/Head of Department and returned to:  
 Department of Public Administration, James Ronald Webster Building,  
 Social Security Complex, The Valley, Anguilla

**1. EMPLOYEE INFORMATION (Please ensure ALL sections are fully completed in CAPITAL letters)**

Full Name of Employee:		Employee ID Number:
Date of Birth:	Place of Birth:	Date of Appointment to the Service:
Department & Department ID:		Position & Position ID:

**2. QUALIFICATIONS**

Name & Address of Institution	Dates	Qualification & Date	Level/Grade

**3. FORMAL TRAINING (Courses)**

Name of Course	Dates	Award

**4. CONDUCT AND PERFORMANCE DURING PERIOD OF ASSESSMENT**


**5. WAS SPECIAL ATTENTION PAID TO THE TRAINING OF THE OFFICER ON PROBATION? IF SO, PLEASE STATE:**

Type/area of Development/Skill	Duration of Exposure	Proficiency Level

**6. DID THE OFFICER EXHIBIT TENDENCIES, WHICH RENDER IT IN ANYWAY DOUBTFUL THAT HE/SHE WILL BE SUITABLE FOR PERMANENT RETENTION?**

Yes       No

**7. IF SO, WAS HE/SHE WARNED AND GIVEN SUCH ASSISTANCE AS MAY BE POSSIBLE TO CORRECT FAULTS? PLEASE STATE:**


8. GENERAL COMMENTS

Blank lines for general comments.

9. RECOMMENDATION (Please state whether you support this appointment and reason why or why not)

Blank lines for recommendation text.

Supported  Not Supported

Supervisor \_\_\_\_\_

Date \_\_\_\_\_

Head of Department \_\_\_\_\_

Date \_\_\_\_\_

N.B. If additional space is needed to complete any part of this form please attach a separate sheet.

FOR PUBLIC ADMINISTRATION USE ONLY

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Notes:

Entered in System By: \_\_\_\_\_

Date: \_\_\_\_\_

Verified By: \_\_\_\_\_

Date: \_\_\_\_\_