

WCCL Probation completion form

NAME:	CITIZENSHIP ID NO:	DESIGNATION:
GRADE:	DEPARTMENT:	
PROBATION START DATE: (dd/mm/yyyy)	PROBATION COMPLETION DATE: (dd/mm/yyyy)	

Note:

1. Please use Block Letters and date format as mentioned above.
2. While filling up the form, please keep it neat and clean as possible. Avoid overwriting as much as possible.

Give a brief description of the duties carried out by the candidate during the Probation Period
(Please attach extra sheet if required)

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Performance Rating

Overall Performance

Unsatisfactory	Satisfactory	Good	Very Good	Outstanding

Remarks:

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Recommendation for:

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Supervisor	Chief Executive Officer
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