**APPOINTMENT SUPPORT REVIEW FORM** (FINAL REVIEW MEETING)

Individuals involved in the appointment review process are responsible for maintaining the confidentiality of this document and its information, for the purpose of this process.

|  |  |  |
| --- | --- | --- |
| Name of employee | Role title | Faculty / Department/NSI |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Date of appointment | Duration of review period | Date of final review meeting |
|  |  |  |

|  |  |
| --- | --- |
| Name of reviewing manager | Role title of reviewing manager |
|  |  |

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| --- | --- | --- | --- |
| **Record of final review meeting** | | | |
| Manager comments | | | |
| Demonstration of required skills and knowledge for the role |  | | |
| Performing duties to an acceptable standard according to the requirements of the role *(quality and volume of outputs)* |  | | |
| General contribution to projects (if relevant to role) |  | | |
| Working relationships with others *(including acting as a positive role model and engendering a culture of mutual respect)* |  | | |
| Attendance and timekeeping |  | | |
| Appointment support process successfully completed? | | Yes | No |
| Signature of reviewing manager |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employee comments |  | | |
| Signature of employee |  | Date |  |