**PROBATIONARY PERIOD POLICY**

This template policy is intended to assist member businesses develop their own workplace policy. The following information should be used as a guide only. Any wording changes, other than those to insert a business name, may change the context, meaning or purpose of the policy. We recommend you receive advice from the Victorian Chamber of Commerce and Industry prior to making such changes.

## Contacting the Victorian Chamber of Commerce and Industry

The Victorian Chamber’s team of experienced workplace relations advisors can assist members with a range of employment, human resources and industrial relations issues.

Our experienced workplace relations consultants can also provide assistance to both members and non-members on a range of more complex matters for a fee-for-service. The consultants can, among other things, provide training to employees, conduct investigations and provide representation at proceedings at the Fair Work Commission.

For assistance or more information, please contact the Workplace Relations Advice Line on (03) 8662 5222.

Disclaimer

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# PROBATIONARY PERIOD POLICY

Date of issue:

Policy approved by:

Contact person:

## 1 PURPOSE

The purpose of this policy is to outline **[INSERT COMPANY NAME]**’s probationary period policy.

## 2 APPLICATION

This policy applies to all employees of **[INSERT COMPANY NAME]**.

This policy is not intended to override the terms of any award, enterprise agreement or contract that applies to an employee.

## 3 POLICY

All new employees are subject to a six month probationary period. During this probationary period **[INSERT COMPANY NAME]** will monitor and assess the employee’s suitability, conduct and performance before ongoing employment is confirmed.

**[INSERT COMPANY NAME]** will aim to provide feedback to the employee throughout this period of probation. If the employee’s performance or conduct is deemed to be unsatisfactory during this period, **[INSERT COMPANY NAME]** may consider termination of employment.

## 4 POLICY REVIEW

**[INSERT COMPANY NAME]** may make changes to this policy from time to time to improve the effectiveness of its operation.

WORKPLACE PARTICIPANT ACKNOWLEDGEMENT

## I acknowledge:

##  I have received, read and understood the policy

##  I am required to comply with the policy; and

## There may be disciplinary consequences if I fail to comply, up to and including the termination of my employment.

Name: Signature:

Date: