

**Redeployment – 4 Week Trial Workplan Review**

<b>Employee Name:</b>	
<b>Post:</b>	
<b>Line Manager:</b>	
<b>Start of Trial Period:</b>	
<b>Date of Assessment:</b>	

Objectives	Are the current objectives being met or are there current or future development needs required
Week 1 – Date	Yes                  No
	Comments: Reviewer/Employee
Week 2 – Date	Yes                  No
	Comments: Reviewer/Employee
Week 3 – Date	Yes                  No
	Comments: Reviewer/Employee

Week 4 – Date	Yes	No
	Comments: Reviewer/Employee	

Outcome of Trial Period	Reason
Work Trial Successful	
Work Trial Extended	
Work Trial Terminated	

Line Manager Name:  
Designation:

Signature:  
Date:

Employee: Name:  
Designation:

Signature:  
Date: