[COMPANY NAME / LOGO]

PROBATIONARY APPOINTMENT LETTER

[Date]

To,
[Employee Full Name]
[Present Address]
[Permanent Address]

Subject: Appointment as [Designation] with probationary terms

Dear [Employee Name],

We are pleased to appoint you as [Designation] at [Company Name], subject to the employment terms in this letter and applicable law. The details of your probation, if applicable to your employment category, are set out below and must be completed after review.

Employer / establishment	[Legal company name and address]
Employee name	[Full name as per official record]
Designation / department	[Designation] / [Department]
Employment category	[Insert applicable category after review]
Joining date	[DD Month YYYY]
Work location	[Office / site / location]
Gross monthly remuneration	BDT [Amount]
Probation period	[Insert legally reviewed period, if applicable]
Review / confirmation date	[Date or process, subject to applicable law]
Reporting to	[Name / designation]

Probation and review terms

1. Probation period: The probation period applicable to this role is [period], commencing on [date], subject to applicable law and the employee's category.

2. Performance expectations: Your performance will be reviewed against [role-specific criteria], including [quality of work, attendance, conduct, targets, or other relevant criteria]. These criteria should be shared with you clearly.

3. Review and confirmation: The company will communicate the outcome of the review in writing. Any confirmation, extension, or other action must be permitted by and consistent with applicable law.

4. Compensation and benefits: Your gross monthly remuneration is BDT [Amount], comprising [basic salary] and [allowances/other components]. Benefits, leave, deductions, and payment arrangements will follow applicable law and the valid terms for your employment category.

5. Notice and separation: Notice, resignation, termination, and separation during or after probation must follow applicable law and the legally reviewed provisions inserted here: [Approved clause]. Do not use an automatic termination clause without legal review.

6. Duties, workplace, and policies: Your designation is [Designation], department is [Department], and work location is [Location]. You must follow applicable lawful workplace and safety policies communicated to you.

7. Records and applicable rules: You must provide accurate joining documents. The employer will maintain records and apply relevant service rules and legal requirements for your category.

Acceptance

Please sign below to acknowledge receipt and acceptance of the final approved appointment terms.

_____	_____
For the Employer Name: [Name] Designation: [Designation] Date: [Date]	Employee Name: [Employee name] Date: [Date]