

**PERFORMANCE EVALUATION & DEVELOPMENT FORM II**

**Applicable to Group B**

<b>Name</b>		<b>Employee ID No.</b>	
<b>Designation:</b>		<b>Grade:</b>	
<b>Date of Joining Service</b>		<b>Appraisal Period:</b>	
<b>Name of Supervisor: Designation:</b>		<b>Name of Reviewer:</b>	
		<b>Name of Reviewer: Designation:</b>	

S. No.	Adjectival Rating	Rating	Explanation
1	<b>UNACCEPTABLE</b>	<b>0.0-49.9</b>	Demonstrates poor performance. Work output is consistently low, regularly fails to meet required outcomes, requires constant supervision, and shows an indifference to job responsibilities.
2	<b>BELOW SATISFACTORY</b>	<b>50.0-64.9</b>	Performance is below expectations. Assigned tasks maybe incomplete, requires constant supervision and guidance and requires reasonable time to correct problems.
3	<b>SATISFACTORY</b>	<b>65.0-79.9</b>	Meets all performance objectives and job responsibilities/ dimensions and meets normal performance standards. Problems or errors are reported and corrected promptly.
4	<b>COMMENDABLE</b>	<b>80.0-89.9</b>	Performance consistently above standard in meeting performance objectives. Exceeds requirements in some areas, but not consistently or not without exception.
5	<b>OUTSTANDING</b>	<b>90.0-100</b>	Performance consistently and clearly exceeds performance objectives and standards. Initiative and self-direction are evident.

**PART A: ADJECTIVAL PERFORMANCE APPRAISAL**

**Give a brief description of the employees work during the appraisal period**

*Include a critical incidents to back up performance ratings, if any (attach additional pages as needed)*

**PART B: EVALUATE COMPETENCIES**

S. No.	Performance Factors	Score	Rating	
			Self	Supervisor
1	Record Keeping <i>Keeps neat, organized and appropriate records. Maintains all necessary documentation including but</i>	15		
2	Resource Usage <i>Conserves and effectly uses organizational resources(e.g. supplies, technology, vehicles, etc).</i>	10		
3	Interpersonal Relations and Team Work <i>Encourages a participative approach to work, fostering cooperation, dialougue and trust. Works well</i>	15		
4	Integrity and Trust <i>Is seen as a trustful and reliable individual. Displays high standards of ethical conduct and</i>	10		
<b>TOTAL WEIGHTS AND SCORES (Self Rating is only indicative and not taken into account in the final r</b>		<b>50</b>		

**PART C: ACTUAL WORK PERFORMANCE**

**Based on actual works performed. Performance rating must be based on quality, quantity, and timeliness of assignments completed.**

**Employee Comment:**

- 1) Worked as per my ToR
- 2) Completed all the work assigned to me on given time frame
- 3) Recording and craating data on our New ERP system have been done on time
- 4) Completed other works assigned by other Managers

**Supervisor Comment:**

**Total Score = (Max 50)**

**Self Rating (Self rating is only indicative and not taken into account in the final rating ) =**

**Final Score by Supervisor =**

*Attach additional papers as needed*

**PART D: CALCULATING OVERALL PERFORMANCE RATING**

A. Overall Competency Rating (max 50) =

B. Overall Work Rating (max 50) =

Overall Performance Rating = A + B

**PART E: EMPLOYEE TRAINING AND DEVELOPMENT PLAN****1. Please specify any factors which may have impeded performance during the performance period**

Employee comments:

It would worth if the centre could provide training related to Procurement and inventory on ERP system

Supervisor comments:

**2. Development and training priorities for the next appraisal period***Supervisor to fill in consultation with the employee*

Priorities	Plan for achievement <i>(What suggestions/ steps are felt necessary to address these development priorities. E.g.</i>

*(attach additional papers as needed)***PART F: Confirmation of Completion of the Performance Appraisal****Note:** By signing this form, the employee acknowledges that the supervisor discussed the performance rating. Signature doesnot mean agreement with the content. If employee disagree with any of the contents of the Employee Performance Assessment and Development Plan, he/she should use

Employee's Name and Signature	Date:	Comments
Supervisor's Name and Signature	Date:	Comments

**PART G: Review by Supervisor's Manager**

1. Do you agree with the assessment of this employees?	Yes	No
2. Are you satisfied with the supervisor's support of the development of the this employee?	Yes	No
3. In "No" to Question 1 or 2, discuss and resolve with the Supervisor. Supervisor must review assessments or content	Yes	No

Name and Position of Supervisor's Manager:	Signature	Date

