|  |
| --- |
| **Job Performance Appraisal Form****Appraisal period from to…………..……………..** |
| **Employee/Supervisor Information (To be filled up by respective employee)** |
| Employee’s Name: |  |
| Employee ID No/Citizenship ID No: |  |
| Employee Position Title: |  |
| Employee Position Level: |  |
| Department/Region/Division/Depot/Unit: |  |
| Name of Supervisor:  |  |
| Position Title of the Supervisor: |  |
| Place of Posting |  |
| Brief Roles and Responsibilities of Employee; |
| **Employee Signature:** | **Form Submission Date:**  |
|  |
|  |
| **(The Ratings shall be done by the Supervisor)** |
| **PART 1: GENERIC FACTORS** |
| **Rating Parameters** | **Rating**  |
| **Factor 1: Quantity of Work** |  |
| Carry out assignments as per the Terms of Reference (ToR) |
| **Factor 2: Quality of Work** |  |
| Assures accuracy, thoroughness and reliability of results in the everyday work assigned.Completes work on time. |
| **Factor 3: Additional Work** |  |
| Demonstrate and express willingness and enthusiasm to take additional tasks apart from existing workload. |
| **Factor 4: Job Knowledge** |  |
| Demonstrate a comprehensive understanding of his/her job responsibilities. |
| **Factor 5:Ability to Improve** |  |
| Use constructive feedback to improve performance. Open to new methods for completing job responsibilities. |
| **Factor 6 : Target Achievement** |  |
| Had achieved or not achieved the target that was signed at the beginning of the financial year. |
| **Supervisor’s Comments:** |
|  |
| **PART II: SPECIFIC FACTORS** | **Rating** |
| **Factor 1: Compliance (Adherence to Rules,instructions,etc,)** |  |
| Strictly adheres to FCBL rules and any circulars, instructions and directions given by the Corporate Headquarters or the immediate supervisor. |
| **Factor 2: : Initiative** |  |
| Is a self-starter. Ability to proceed without being told every detail. Ability to do or act without being asked to do. |
| **Factor 3: Adaptability** |  |
| Responds effectively to the changing needs of the FCBL and as required by the management |

**The Rating Score Board**

| **Rating Factors** | **1** | **2** | **3** | **4** | **5** | **6** | **Total** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Part I** |  |  |  |  |  |  |  |
| **Part II** |  |  |  |  |  |  |  |
| **Total Score** |  |  |
| **Average Rating (Total Score/No.of Factors Rated)** |  |

End of Performance Evaluation

**Supervisors Signature & Dates;**

**Verified/Checked by;** Human Resource Officer (Signature & Date)

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