

## SECTION F

1. Each employee's performance appraisal must be discussed privately with the employee by the immediate supervisor. The supervisor must discuss both the employee's strengths and weaknesses as revealed by the performance appraisal, as well as a means of improving the shortcomings.

### 2. Performance Appraisal Score Matrix

| No. | Evaluation Factors/<br>Indicator | Degree |    |    |    |    |   |   |
|-----|----------------------------------|--------|----|----|----|----|---|---|
|     |                                  | 7      | 6  | 5  | 4  | 3  | 2 | 1 |
| 1.  | Quantity of Work                 | 28     | 24 | 20 | 16 | 12 | 8 | 4 |
| 2.  | Quality of Work                  | 28     | 24 | 20 | 16 | 12 | 8 | 4 |
| 3.  | Job Knowledge                    | 21     | 18 | 15 | 12 | 9  | 6 | 3 |
| 4.  | Initiative                       | 14     | 12 | 10 | 8  | 6  | 4 | 2 |
| 5.  | Responsibility                   | 14     | 12 | 10 | 8  | 6  | 4 | 2 |
| 6.  | Judgement                        | 14     | 12 | 10 | 8  | 6  | 4 | 2 |
| 7.  | Contacts with Public             | 14     | 12 | 10 | 8  | 6  | 4 | 2 |
| 8.  | Level of Co-operation            | 14     | 12 | 10 | 8  | 6  | 4 | 2 |
| 9.  | Dependability                    | 14     | 12 | 10 | 8  | 6  | 4 | 2 |

### 3. Overall Performance Rating : (Please tick appropriate score)

- 161 — 147  **OUTSTANDING:** Exceptional in ability, capacity and performance.
- 146 — 132  **VERY GOOD:** Very effective.
- 131 — 117  **GOOD:** Competent and conscientious.
- 116 — 102  **SATISFACTORY:** Average performance with some shortcomings but will improve with experience and training.
- 101 — 87  **NOT QUITE SATISFACTORY:** Below average performance.
- Below 87  **UNSATISFACTORY:** Definitely not up to the required standard.

## SECTION G

Received by Employee :

Discussed with Employee :

\_\_\_\_\_  
*Signature (Employee)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature (Supervisor)*

\_\_\_\_\_  
*Date*

\* Supervisor's Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Employee's Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permanent Secretary/Head of Department's Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Permanent Secretary's/  
Head of Department's Signature*

\_\_\_\_\_  
*Date*

**N.B. Employee must return form to Supervisor within 3 working days of receipt of Appraisal Form.**

\* AN EXTRA SHEET CAN BE ATTACHED.