

EPMDS

PROBATION: QUARTERLY PERFORMANCE ASSESSMENT

Employees on probation must be assessed on a quarterly basis using this form as the point of departure.

The manager must forward the completed form to the Section: People Management immediately after completion.

C O N F I D E N T I A L

Quarter	1	2	3	4
Name:				
Rank:				
Component:				
Date of appointment:				
Period of assessment:				
Persal No.:				

PART 1:
COMMENTS BY EMPLOYEE

(To be completed by Employee, prior to assessment. If the space provided is insufficient, the comments can be included in an attachment)

1. During the past quarter my major accomplishments as they related to my job description/Performance Agreement were:

2. During the past quarter I was less successful in the following areas for the reasons stated:

Signatures :
Employee : Date:..... Supervisor: Date.....

PART 2:

QUARTERLY PERFORMANCE ASSESSMENT

- 2.1 Supervisor’s assessment of Key Result Areas (KRA’s):**
(Use the Performance Assessment Instrument in Annexure F)
- 2.2 Supervisor’s assessment of Generic Assessment Factors (GAFs):**
(Use the Performance Assessment Instrument in Annexure F)

FINAL SCORE

GRAND TOTAL	OWN RATING	SUPERVISOR’S RATING	MODERATING COM’S RATING
KRA + GAF (80% + 20% for levels 1-12)			If applicable
FINAL SCORE			If applicable

<p><u>PART 3:</u> TO BE COMPLETED BY THE SUPERVISOR</p>
<p>3.1 Employee to receive training for the following reasons:</p>
<p>3.2 Is the Employee correctly placed, YES NO</p>
<p>3.3 Upon expiry of his/her probationary period do you anticipate that he/she will be suitable for a permanent appointment? YES NOIf the employee is not correctly placed, please consult the Manager: People Management and Development.</p>

Signatures :
Employee : **Date:**..... **Supervisor:** **Date:**.....

3.4 Supervisor's recommendation/s at the end of the probationary period:
 (Please complete either 3.4.1 or 3.4.2)

3.4.1 I recommend the confirmation of _____'s probation, in view of the employee's diligence and because his/her conduct has been uniformly satisfactory.

3.4.2 I recommend that _____'s probation be extended for a period of three/six/nine/twelve months for the following reasons:

4. Employee's comments:

Signature	Name	Date

5. Recommendation/s in 3.4 approved in accordance with delegated authority.

Signature	Name	Date

Signatures :
 Employee : Date:..... Supervisor: Date.....