

**Chief Director and Directors MID-YEAR Performance Assessment Template**

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| **Name of the SMS member** |  | **Province (if applicable)** |  |
| **Persal number** |  | **Performance cycle** |  |
| **Name of the Supervisor** |  | **Period under Assessment** |  April - March |
| **Name of Department** |  |

**Employee performance: key result Areas**

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| **KRA NO 1:** |
| **ACTIVITIES**  | **PERFORMANCE MEASURES** | **SMS Rating** | **Supervisor Rating** | **Agreed Rating** |
| **TARGET** | **ACTUAL ACHIEVEMENT/EVIDENCE** |
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| **KRA NO 2:** |
| **ACTIVITIES**  | **PERFORMANCE MEASURES** | **SMS Rating** | **Supervisor Rating** | **Agreed Rating** |
| **TARGET** | **ACTUAL ACHIEVEMENT/EVIDENCE** |
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| **KRA NO 3:** |
| **ACTIVITIES**  | **PERFORMANCE MEASURES** | **SMS Rating** | **Supervisor Rating** | **Agreed Rating** |
| **TARGET** | **ACTUAL ACHIEVEMENT/EVIDENCE** |
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| **KRA NO 4:** |
| **ACTIVITIES**  | **PERFORMANCE MEASURES** | **SMS Rating** | **Supervisor Rating** | **Agreed Rating** |
| **TARGET** | **ACTUAL ACHIEVEMENT/EVIDENCE** |
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| **KRA NO 5:** |
| **ACTIVITIES**  | **PERFORMANCE MEASURES** | **SMS Rating** | **Supervisor Rating** | **Agreed Rating** |
| **TARGET** | **ACTUAL ACHIEVEMENT/EVIDENCE** |
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**Competencies: Personal Development Plan**

If any of the CMCs indicates **YES** for development required the PDP must be amended.

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| **No** | **Core Management Competencies** | **Process Competencies** | **Developmental required?****Yes/No** |
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| **Comment by the SMS Member on his/her performance** |
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| **Comment by the Supervisor** |
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SMS Member’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor' signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_