**[**Departmental logo**]**



**DDG’s Mid-year Performance Assessment Template**

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| --- | --- | --- | --- |
| **Name of the SMS member** |  | **Job title** |  |
| **Persal Number** |  | **Performance cycle** |  |
| **Name of the Supervisor** |  | **Period under review** | April - September |
| **Name of Department** |  | | |
| **Province (if applicable)** |  | | |

**Employee performance: Key Result Areas (KRAs)**

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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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*Please review and indicate the status or track progress on the achievements of organisational performance if it is progressing according to the plan and whether by the end of the performance cycle it will be achieved by indicating with a "Yes of No".*

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| **ORGANISATIONAL PERFORMANCE** | | | |
| **Targeted Objectives/ OUTPUTS** | **PERFORMANCE MEASURES** | **PROGRESS** | **Progress review comment** |
| **TARGET** | **Yes/**  **NO** |
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**COMPETENCIES: PERSONAL DEVELOPMENT PLAN**

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| --- | --- | --- | --- |
| **No** | **Core Management Competencies** | **Process Competencies** | **Other Developmental Areas Identified** |
| 1 |  |  |  |
| 2 |  |  |  |
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| 4 |  |  |  |
| 5 |  |  |  |

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

|  |
| --- |
| **Comment by the SMS member on his/her performance** |
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| --- |
| **Comment by the Supervisor** |
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DDG Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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