

Annual Performance Assessment Instrument

Following completion of this form, a copy must be forwarded to the departmental HR Unit

CONFIDENTIAL

PERFORMANCE APPRAISAL

Period under review

Surname and initials

Job title

Rank

Remuneration level

Persal no.

Component

Date of appointment to current remuneration level:

Age

Designated group

African

Coloured

Male

Disabled

Indian

White

Female

Probation

Extended probation

Permanent

Contract

PART 1 – COMMENTS BY RATED SMS MEMBER

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

1. During the past year my major accomplishments as they related to my performance agreement were:

2. During the past year I was less_successful in the following areas for the reasons stated:

PART 2 – PERFORMANCE APPRAISAL

Standard Rating Schedule for CMCs and KRAs:

Term	Description	Rating
Level 5: Outstanding performance	Performance far exceeds the standard expected of a member at this level. The appraisal indicates that the member has achieved above fully effective results against all performance criteria and indicators as specified in the PA and Workplan and maintained this in all areas of responsibility throughout the year.	5
Level 4: Performance significantly above expectations	Performance is significantly higher than the standard expected in the job. The appraisal indicates that the member has achieved above fully effective results against more	4

	than half of the performance criteria and indicators and fully achieved all others throughout the year.	
Level 3: Fully effective	Performance fully meets the standard expected in all areas of the job. The review/assessment indicates that the member has achieved fully effective results against all the performance criteria and indicators as specified in the PA and Workplan.	3
Level 2: Performance not fully effective	Performance is below the standard required for the job in key areas. Performance meets some of the standards expected for the job. The review/assessment indicates that the member has achieved below fully effective results against more than half the key performance criteria and indicators as specified in the PA and Workplan	2
Level 1: Unacceptable performance	Performance does not meet the standard expected for the job. The review/assessment indicates that the member has achieved below fully effective results against almost all of the performance criteria and indicators as specified in the PA and Workplan. The member has failed to demonstrate the commitment or ability to bring performance up to the level expected in the job despite management efforts to encourage improvement.	1

Rating by Supervisor and SMS member of Key Result Areas (KRAs):

Key Result Areas	Weight (%)	Own rating (1- 5)	Super-visor's rating (1- 5)	Mode-rating Com's rating (1- 5)	Score
1.					
2.					
3.					
4.					
5.					
Total	100%				80%

Rating by Supervisor and SMS member of Core Management Criteria (CMCs)

(Details to be completed by Supervisor and SMS member with the aid of the attached guide.)

Assessment factor	Weight (%)	Own rating (1-5)	Supervisor's rating (1-5)	Moderating com's rating (1-5)	Score
Strategic Capability and Leadership					
Programme and Project Management					
Financial Management					
Change Management					
Knowledge Management					
Service Delivery Innovation					
Problem Solving and Analysis					
People Management and Empowerment					
Client Orientation and Customer Focus					
Communication					
Honesty and Integrity					
TOTAL	100%				20%

FINAL SCORE

GRAND TOTAL KRA + CMC (80% + 20%)	OWN RATING	SUPERVISOR'S RATING	MODERATING COM'S RATING

PART 3 - DEVELOPMENT, TRAINING, COACHING, GUIDANCE AND EXPOSURE NEEDED BY SMS MEMBER

(To be completed by Supervisor in consultation with SMS member)

PART 5: CONFIRMATION/EXTENSION/TERMINATION OF PROBATION.

Supervisor's comments:

1. I recommend the confirmation of the probation of Ms/Mr _____ in view of the member's diligence and as her/his conduct has been uniformly satisfactory.

OR

2. I recommend that the probation of Ms/Mr _____ be extended for a period of _____ months for the following reasons:

3. I recommend that _____ probation be terminated for the following reasons:

Signature

Name

Date

Member's comments:

Signature

Name

Date

Comments of Chairperson of Moderating Committee:

Signature

Name

Date

Decision by Executing Authority or her/his delegate:

Signature

Name

Date