

Performance Appraisal Report

Employee Name: <div style="text-align: right;"> Permanent <input checked="" type="checkbox"/> </div> <div style="text-align: right; margin-top: 10px;"> Contract <input type="checkbox"/> </div>	Report Date: _____ Performance Period Under Review: Starting Date: _____ Finishing Date: _____
Company: Eduweb College	Division/ Section/ Unit: Administrative Division
Position: (from Org Chart)	Supervisor:
Type of Report: Interim report <input checked="" type="checkbox"/> Final report: <input type="checkbox"/>	Location: Head Office <input checked="" type="checkbox"/> Field <input type="checkbox"/> _____
Main responsibilities of this position (from Job Description): (Attach copy of Job Description and statement of standards of performance.) 	
Description of work performed over the reporting period:	

(n.b. If you are filling out the form online, **right click** at the check box, choose the **properties** menu and then check off “checked” in the menu in order to check the checkbox.)

EVALUATION		A- Satisfactory		
Mark X in the appropriate column Comments are required if marked other than A- Satisfactory (Complete only those numbers which you consider applicable to the person being appraised)		B- Satisfactory with reservations		COMMENTS
		C- Unsatisfactory		
Personal Attributes	x			
▪ Professional conduct				
▪ Initiative and energy	x			
▪ Interpersonal communication skills				
Technical Qualities				
▪ Diagnostic skills				
▪ Preparing suggestions				
▪ Techniques for introducing change				
▪ Verbal reporting				
▪ Written reports				
Special Functional Skills - Observations				
▪ Attendance and punctuality				
▪ Project contribution (to group work)				
▪ Contribution to field work				
▪ Meeting set deadlines				
Continuous Professional Development (CPD)				
Number of hours of CPD completed				
Score (max = 20)				

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OVERALL COMMENTS BY SUPERVISOR

TO BE COMPLETED BY EMPLOYEE BEING REPORTED UPON

(The employee may wish to comment on any aspect of the report and any comments made)

TO BE COMPLETED BY THE HEAD OF DIVISION

If this is a contract employee then I am of the view that:

- | | |
|--|--|
| <input type="checkbox"/> Contract should be continued | <input type="checkbox"/> Contract has been satisfactorily completed |
| <input type="checkbox"/> Contract should be terminated | <input type="checkbox"/> A new contract should be offered at end of period |

.....
Signature of Employee

.....
Date

(n.b. If you are filling out the form online, **right click** at the check box, choose the **properties** menu and then check off “**checked**” in the menu in order to check the checkbox.)

.....
Signature of Supervisor

.....
Date

.....
Signature of Head of Division

.....
Date

.....
Signature of QMS Representative

.....
Date

(n.b. If you are filling out the form online, **right click** at the check box, choose the **properties** menu and then check off “**checked**” in the menu in order to check the checkbox.)