

PUBLIC SERVICE OF ZIMBABWE

PERSONNEL PERFORMANCE WORK PLAN & APPRAISAL

PERIOD OF ASSESSMENT: FROM:_____ TO:_____

- Distribution** - 1 copy to appraisee
- 1 copy to the appraisee's personal file

Section 1 PERSONAL DETAILS AND SERVICE PARTICULARS

Name:_____

E.C. No _____ National I.D. No. _____

Qualifications: _____

Experience: _____

Date of Appointment into Service: _____

Current Post _____ Date of Appointment to the Post _____

Ministry _____

Department _____ Station _____

Appraiser's Position: _____ Appraiser's Position: _____

Reviewer's Position: _____ Reviewer's Position: _____

NOTE:
See guidelines for completion

SECTION 2 PERFORMANCE PLAN & ASSESSMENT

A. ACTIVITY PERFORMANCE (Total Weightage: 100%)

Dept. KRA Ref.	KRA Description											
Goal Ref	Goal Description											
Objective Ref	Objective Description											
Dept. Outcome Ref.	Outcome Description											
Dept. Output Ref.	Output Description											
						Weight	Agreed Target	Actual perform.	Allowable variance	Actual variance	Rating	Weighted Score
Activity No.	Activity Description											
Quantity Description		Standard										
Quality Description		Standard										
Timelines Description		Standard										
Cost Description		Standard										
Activity No.	Activity Description											
Quantity Description		Standard										
Quality Description		Standard										
Timeliness Description		Standard										
Cost Description		Standard										
										Total		

SECTION 3: TRAINING AND DEVELOPMENT NEEDS

(To be completed during performance agreement session and quarterly thereafter)

Competency Assessment:

REQUIRED COMPETENCIES FOR THE JOB	EXISTING COMPETENCIES (related to the job)	COMPETENCY GAPS (specific skills required)	INTERVENTION STRATEGIES (e.g. training, counselling, transfer etc.)	ACTION RECOMMENDED (e.g. specific course)	ACTION TAKEN
-----------------------------------	--	--	---	---	--------------

1st Quarter

--	--	--	--	--	--

Date received by Ministry's Human Resources department: _____ Name _____ Signature _____

2nd Quarter

--	--	--	--	--	--

Date information was received by Ministry's Human Resources department: _____ Name _____ Signature _____

REQUIRED COMPETENCIES FOR THE JOB	EXISTING COMPETENCIES (related to the job)	COMPETENCY GAPS (specific skills required)	INTERVENTION STRATEGIES (e.g. training, counselling, transfer etc.)	ACTION RECOMMENDED (e.g. specific course)	
-----------------------------------	--	--	---	---	--

3rd Quarter

--	--	--	--	--	--

Date information was received by Ministry's Human Resources department: _____ Name _____ Signature _____

Final Review

--	--	--	--	--	--

Date information was received by Ministry's Human Resources department: _____ Name _____ Signature _____

AGREEMENT OF WORK PLAN

Signature of Appraisee:	Date:
Signature of Appraiser:	Date:
Signature of Reviewer:	Date:

SECTION 4: PERFORMANCE PROGRESS REVIEWS

4A: The list of possible comments on strengths and areas for improvement are given in 4B. Capture the corresponding number(s) only in the space provided on progress reviews. General comments relating to the highlighted strengths and weaknesses would be given by the parties involved.

Interim Progress Review						Final Performance Review & Assessment	
1 st Quarter Review		2 nd Quarter Review		3 rd Quarter Review		4 th Quarter Final Review/Assessment	
Strengths	Areas for Improvement	Strengths	Areas for Improvement	Strengths	Areas for Improvement	Strengths	Areas for Improvement
Appraiser's Comments	Appraiser's Comments	Appraiser's Comments	Appraiser's Comments	Appraiser's Comments	Appraiser's Comments	Appraiser's Comments	Appraiser's Comments
Appraisee's Comments	Appraisee's Comments	Appraisee's Comments	Appraisee's Comments	Appraisee's Comments	Appraisee's Comments	Appraisee's Comments	Appraisee's Comments
Reviewer 's Comments (where applicable)	Reviewer 's Comments (where applicable)	Reviewer 's Comments (where applicable)	Reviewer 's Comments (where applicable)	Reviewer 's Comments (where applicable)	Reviewer 's Comments (where applicable)	Reviewer 's Comments (required)	Reviewer 's Comments (required)
1 st Quarter Review		2 nd Quarter Review		3 rd Quarter Review		4 th Quarter Review	
Signature of Appraisee:		Signature of Appraisee:		Signature of Appraisee:		Signature of Appraisee:	
Date:		Date:		Date:		Date:	
Signature of Appraiser:		Signature of Appraiser:		Signature of Appraiser:		Signature of Appraiser:	
Date:		Date:		Date:		Date:	
Signature of Reviewer (where necessary):		Signature of Reviewer (where necessary):		Signature of Reviewer (where necessary):		Signature of Reviewer (where necessary):	
Date:		Date:		Date:		Date:	

4B: Possible comments on strengths and areas for improvement

Strengths	Areas of Improvement
1. Member is results oriented	1. Member needs to be results oriented
2. Member is highly focused on the set targets.	2. Member needs to delegate duties equitably.
3. The member is meeting set targets.	3. Member needs to focus more on set targets.
4. Member is highly motivated	4. Member should meet set targets.
5. Member clearly appreciates the organization's overall thrust.	5. Member needs to understand the organization's thrust
6. Member effectively utilizes the organization's resources.	6. Member needs to effectively utilize the organization's resources
7. Member values team work.	7. Member needs to value team work
8. Member is highly knowledgeable about the job requirements	8. Member needs to be more knowledgeable about the job requirements
9. Member exhibits sound judgment.	9. Member needs to make sound judgment

4C: Adjustments to work plan, where necessary.

Period, from.....to.....
Work plan adjustments:

Appraiser's comments to acknowledge adjustments to the work plan:

Appraisee's comments to justify the adjustments:

Signature.....Date.....
Appraiser

Reviewer's comments (where necessary)

Signature.....Date.....
Appraisee

Signature.....Date.....
Reviewer

SECTION 5: A FINAL PERFORMANCE ASSESSMENT & RATING

Rating on Performance Targets

KEY RESULT AREA	OUTCOME REF	OUTPUT REF	ACTIVITY No	WEIGHTED SCORE
Ref				
TOTAL SCORE				

Final Score:

5B: PERSONAL DIMENSIONS

Based on the assessment of achievements/results, establish any areas where some training or development may be necessary. Although feedback on this page would not be used to determine the subordinate's ratings – the feedback is very important to help the subordinate know which areas need improvement.

Pinpointed supporting remarks are to be provided. For example, what specific BEHAVIOUR which is job related the supervisor witnessed to support his/her point. Fill in both strengths and or areas for improvements on relevant dimensions.

STANDARD DIMENSIONS	COMMENTS ON DIMENSIONS	
	Strengths	Areas for improvement
ACCURACY/QUALITY OF WORK Achieves high quality work that meets or exceeds requirements of the job.		
QUANTITY OF WORK OUTPUT Meets or exceeds the standard amount of work expected on the job.		
JUDGEMENT Considers pros and cons before making decisions; anticipates short and long term impacts; weighs risks involved.		
COMMUNICATION Effective verbal skills; presents ideas and information concisely and persuasively; keeps others informed; courteous to the public; inspires confidence in subordinates and superiors.		
DEPORTMENT/PRESENTATION Self presentation		
COOPERATION Willingness to work with others in achieving individual and team objectives.		
INITIATIVE Actively attempts to influence events to achieve goals. Self starter, Generates improved solutions to problems.		

<p>RELIABILITY Can be counted on to achieve set objectives without supervision or coercion.</p>		
<p>OTHER Please specify:</p>		

5C: OVERALL COMMENTS ON THE APPRAISEE’S POTENTIAL WITH REGARDS TO CAREER PROGRESSION: (for example, the member’s potential for promotion)

Final Appraisal	
Signature of Appraisee:	Date:
Signature of Appraiser:	Date:
Signature of Reviewer:	Date: