CSIR FORM 6

**COUNCIL FOR SCIENTIFIC AND INDUSTRIAL RESEARCH (CSIR)**



**PERFORMANCE APPRAISAL FORM**

**NON-CORE SENIOR MEMBERS**

*STRICTLY CONFIDENTIAL*

**PERFORMANCE MANAGEMENT FOR NON-CORE SENIOR MEMBER GRADE**

**(STAFF PERFORMANCE PLANNING, REVIEW AND APPRAISAL FORM)**

APPRAISAL PERIOD*: From: To:*

*(*Indicate the period of Appraisal)

**PART I**

**SECTION A: APPRAISEE PERSONAL DATA**

**Full Name:**

**Present Grade:**

**Institute:**

**Division/Unit:**

**Date of first Appointment:**

**Date of Present Grade:**

**Training received during the year under review with dates, programmes and Institutions**

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**PART II**

**PERFORMANCE PLANNING STAGE**

The Planning stage involves targets agreed on between the Appraisee and Appraiser at the beginning of the year or appraisal cycle.

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| **CORE AREAS**  (This should be drawn from the Job Descriptions of the employee) | **TARGETS**  (Expected Results: should be SMART(specific, measurable, achievable, realistic & time-bound) e.g. Complete Activity ‘X’ by time ‘T’ | **RESOURCES REQUIRED**  (Agree on resources and supervision required to achieve Targets set) |
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Key Competencies Required: (*this is the behavioural /professional competencies the employee is expected to demonstrate/exhibit in achieving the set Targets*) e.g.

* Personal Attributes
* Professional Skills/Activities/ etc

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Employee Signature Immediate Supervisor’s Signature

Date: ………………………………………. Date:………….………………………...

**PERFORMANCE /MID-YEAR PROGRESS REVIEW**

Appraiser and Appraisee meet mid-year to review and discuss the progress of work in relation to Targets set. The Supervisor reviews and makes any adjustments with regard to the activities, training programmes, timelines etc. where necessary, to achieve the desired outcome within the period. Appraiser and Appraisee should also discuss the extent to which behavioural standards or competencies are demonstrated, provided or lacking. Progress made and agreements reached after discussion should be recorded in the table below.

**Mid-Year Progress Review**

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| **NO.** | **TARGET** | **PROGRESS REVIEW** | **REMARKS** |
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| **NO.** | **COMPETENCY** | **PROGRESS REVIEW** | **REMARKS** |
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TRAINING NEED

Indicate and justify training need required within the period

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Employee Signature Immediate Supervisor’s Signature

Date: …………………………………….. Date: ………………………………….

**PART III**

**END OF YEAR ASSESSMENT**

**(To be completed by Appraisee)**

|  |  |  |  |
| --- | --- | --- | --- |
| **NO.** | **TARGETS AS AGREED WITH SUPERVISOR** | **WORK ACCOMPLISHED** | **STATE EXTENT OF WORK DONE OR NOT DONE WITH REASONS / CONSTRAINTS** |
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Employee Signature …………………………………. Date: ………………………………

**(To be completed by Immediate Supervisor/Head of Division)**

|  |  |  |  |
| --- | --- | --- | --- |
| **NO.** | **TARGETS AS AGREED WITH APPRAISEE** | **PERFORMANCE ASSESSMENT** | **COMMENTS / GENERAL REMARKS** |
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Immediate Supervisor’s Name ……………………………………………………………………

Signature ……………………………………… Date: ………………………………

**PART IV**

**(To be completed by Immediate Supervisor/Head of Division)**

**PERFORMANCE STANDARD (TICK AS APPROPRIATE)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ASSESSMENT FACTORS (A)**  **Personal Attributes** | | **Excellent**  **(5)** | **Good**  **(4)** | **Average**  **(3)** | **Below Average**  **(2)** | **Poor**  **(1)** |
| 1. | Initiative/ Resourcefulness |  |  |  |  |  |
| 2. | Co-operativeness/  Participation in team work |  |  |  |  |  |
| 3. | Leadership qualities |  |  |  |  |  |
| 4. | Commitment to personal development |  |  |  |  |  |
| 5. | Interpersonal/human relations skills |  |  |  |  |  |
| **ASSESSMENT FACTORS (B)**  **Core Competencies and Job**  **Knowledge/Professional Skills** | | Excellent **(5)** | **Good**  **(4)** | **Average**  **(3)** | **Below Average**  **(2)** | **Poor**  **(1)** |
| 6. | Acceptance of responsibility |  |  |  |  |  |
| 7. | Quality of Reports, Minutes, Memos, Letters/General correspondence etc. |  |  |  |  |  |
| 8. | Management/Administrative Skills |  |  |  |  |  |
| 9. | Mentoring & Coaching Skills |  |  |  |  |  |
| 10. | Commitment to CSIR Core Values |  |  |  |  |  |

**COMMENTS BY SUPERVISOR ON APPRAISEE**

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Signature of Supervisor or Head of Division/Unit Date

**COMMENTS BY APPRAISEE ON SUPERVISOR’S ASSESSMENT**

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**Signature of Employee Date**

**PART V** (To be completed by Director of Institute)

**OVERALL ASSESSMENT:** (REFER TO PART III)

|  |  |  |
| --- | --- | --- |
| **Rating** | **Total Score** | **Comments** |
| Exceptional/ Outstanding |  |  |
| Competent/very able and effective |  |  |
| Fair/Average |  |  |
| Below Average |  |  |
| Poor |  |  |
| Overall Score |  |  |

**COMMENTS ON WORK ACCOMPLISHED BY OFFICER**

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**RECOMMENDATIONS**

**The Officer is recommended for:**

1. Consideration for promotion to ……………………………………………
2. Performance bonus ………………………………………………………..
3. Training in …………………………………………………………………
4. Reassignment ……………………………………………………………….
5. Reprimand/caution ……………………………………………………….
6. Termination of appointment …………………………………………………

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Signature of Director Date