

Section A: Employee Details

APPRAISAL PERIOD: _____

EMPLOYEE ID No _____

NAME OF THE EMPLOYEE: _____

POSITION TITLE: _____

POSITION LEVEL: _____

DIVISION: _____

DEPARTMENT/AGENCY: _____

Section B: Individual Work plan (IWP: 70%)

Division Output	Activities	Targets			Target Achieved specified by Individual	Employee's Feedback/comment/justification	Final Score by Supervisor
		Outstanding=3	Good=2	Need Improvement =1			
1.	1.1.....						
	1.2.....						
2.	2.1.....						
	2.2.....						
Total							
Final Score B. Total/No of activities =							

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

Section C: Core Competencies (30%)

Core Competency	Definition			Supervisor to explain the behavior displayed by individual	Final Score by Supervisor
	Outstanding=3	Good=2	Need Improvement =1		
1.					
2.					
3.					
4.					
Final Score C: (Total/No. of CC).....					

Section D: Final Performance Evaluation Score [70:30 (IWP: CC)]

Particular	Score received	% Allocated	Final Score	Supervisor's Comment if any	Head of Agency's Comment if any.
B. IWP		70%			
C. CC Score		30%			

Individual Employee's Signature:
Date

Supervisor's Signature:
Date
