

**Year of Appraisal**

**Government of Malawi
Individual Performance Management Form**

**Section A: Personal Particulars**

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| --- | --- | --- | --- | --- | --- |
| **Name of Officer**  | **Employ No.** | **Position** | **Grade** | **Date to** **Present Grade** | **Date of** **First Appt** |
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| --- | --- | --- |
| **Ministry/Department/Agency** | **Dept/Division/Section/Unit** | **Duty Station** |
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| --- | --- |
| **Position Description**Please describe the primary purpose of your job. Explain how that aligns with the overall mission of the ministry/department/section. (To be completed by officer) | **Learning Plan**Please describe the knowledge, skills and abilities you need to develop in order to accomplish your work targets in the year of appraisal. (To be completed by officer) |
|  |  |

**Section B: Performance Target Setting & Score**

Please describe the KPOs, KPIs and Targets in the table below. Three (3) to five (5) KPOs are recommended. Assign a weight (WT) to each KPI. The total weight of all the KPIs should add up to 100 percent. Under the Score column, assess the extent of the achievement of each KPI by assigning a score between 0 to 100. Thereafter, calculate the weighted performance score (WPS) for each KPI [WPS = WT x Perf Score]. The total WPS of all KPIs shall not exceed 100.

| **Key Performance Objective****(KPO)** | **Key Peformance Indicator (KPI)** | **WT****(%)** | **Target** | **Half-Year Result** | **Full-Year Result** | **Performance Score** | **Weighted****Performance****Score (WPS)** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Self** | **Sup** | **Sup** |
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|  |  **Total WT** |  **100%** |  |  |  | **Total WPS** |  **/100** |

**Section C: Overall Assessment & Comments**

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| **Phase 1: Performance Planning**  |
| **Comments by Supervisor**Comments on goal setting, work expectations, areas of development and general comments | **Comments & Acknowledgement by Officer**Officer’s comments and acknowledgement of Supervisor’s comments  |
| **Comments by Countersigning Officer**Comments on goal setting, work expectations, areas of development and general comments |
| **Name of Officer** | **Position** | **Signature & Date** |
|  |  |  |
| **Name of Supervisor** | **Position** | **Signature & Date** |
|  |  |  |
| **Name of Countersigning Officer** | **Position** | **Signature & Date** |
|  |  |  |
| **Phase 2: Mid-Year Review**  |
| **Comments by Supervisor**Feedback on work performance, areas for improvement, training and developmental needs and general comments | **Comments & Acknowledgement by Officer**Officer’s comments and acknowledgement of Supervisor’s feedback |
| **Mid-Year Assessment by Supervisor**Please assign the performance score for the first half of the year. |
| **Comments by Countersigning Officer**Feedback on work performance, areas for improvement, training and developmental needs and general comments |
| **Mid-Year Assessment by Countersigning Officer**Please assign the performance score for the first half of the year. |
| **Name of Officer** | **Position** | **Signature & Date** |
|  |  |  |
| **Name of Supervisor** | **Position** | **Signature & Date** |
|  |  |  |
| **Name of Countersigning Officer** | **Position** | **Signature & Date** |
|  |  |  |
| **Phase 3: Year-End Appraisal** |
| **Comments by Supervisor**Feedback on work performance, areas for improvement, training and developmental needs and general comments | **Comments & Acknowledgement by Officer**Officer’s comments and acknowledgement of Supervisor’s feedback |
| **Year-End Assessment by Supervisor**Please assign the performance score for the entire year. |
| **Comments by Countersigning Officer**Feedback on work performance, areas for improvement, training and developmental needs and general comments |
| **Year-End Assessment by Countersigning Officer**Please assign the performance score for the entire year. |
| **Name of Officer** | **Position** | **Signature & Date** |
|  |  |  |
| **Name of Supervisor** | **Position** | **Signature & Date** |
|  |  |  |
| **Name of Countersigning Officer** | **Position** | **Signature & Date** |
|  |  |  |

**Performance Categories**

The table below provides information on the categories of the performance scores in the achievement of KPIs which is an indication of the performance level of the officer based on the total weighted performance score (Total WPS) assigned by the supervisor in Section B.

| **Score** | **Performance Level** | **Description** |
| --- | --- | --- |
| **85-100** | **Exceptional Performance** | Exceptional level of individual performance is distinguished by all the accountabilities of the job being developed to the fullest potential. Agreed objectives are not only met but are consistently exceeded.  |
| **65-84** | **High Performance** | High level of performance. Agreed objectives are exceeded and performance is intelligently integrated with the total activities of the wider working group or division/section. |
| **50-64** | **Acceptable Performance** | A level of performance which meets the accountability requirements and agreed objectives. Overall, the performance is acceptable. However, some other significant factor (such as being in post for a short time, absence for a sustained period of sickness, etc) has influenced an officer’s ability to meet all job requirements.  |
| **25-49** | **Below Expected Performance** | Less than satisfactory performance. Insufficient objectives are met and the officer needs to improve skills, effort or both. This assessment, in the case of an officer new in their position, may reflect the need to learn and grow into the job. |
| **0-24** | **Unacceptable Performance** | Very poor performance that is significantly below expectations or standards. It is often characterized by a lack of effort, skill, or competence.  |

**Section D: Recommendations**

(To be completed by the Supervisor)

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| **Promotion** |  |  | **Reasons** |
| Exceptional |  |  |  |
|  |  |  |
| Suitable |  |  |
|  |  |  |
| Need Improvement |  |  |
|  |  |  |
| Unlikely |  |  |

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| --- | --- | --- |
| **Confirmation**  |  |  |
| (For new officers only) |  | **Reasons** |
| Exceptional |  |  |  |
|  |  |  |
| Suitable |  |  |
|  |  |  |
| Need improvement |  |  |
|  |  |  |
| Unlikely |  |  |

|  |  |
| --- | --- |
|  | **Signature & Date** |
| **Supervisor** |  |
| **Countersigning Officer****I \* agree / disagree** *(circle one)* **with the Supervisor’s recommendations** |  |