



CENTRAL UNIVERSITY

FAITH • INTEGRITY • EXCELLENCE

TARGET/STANDARD-BASED PERFORMANCE MANAGEMENT AND DEVELOPMENT SYSTEM FOR ADMINISTRATIVE STAFF PERFORMANCE APPRAISAL AND DEVELOPMENT PLAN

STRICTLY CONFIDENTIAL (when completed)

Surname:

First Name: Middle Name:

Rank:

Job Title:

Position of Supervisor:

Employment Date:

Department:

Other Positions held:

Review Period: Date:

Purpose of Appraisal: Annual Review.....Promotion

RATING SCALE

Each person should have a minimum of five targets/objectives and five core competencies (standards) to be evaluated. Section A covers Standards & Behaviours (50%) and Section B covers Targets & Objectives (50%).

1 – Unsatisfactory	2 – Marginal	3 – Meets Performance	4 – Exceeds Performance	5 – Excellent
Does not meet minimum requirements	Sometimes acceptable, but not consistent	Consistently meets requirements on all aspects	Clearly and consistently above what is required	Performance of highest quality

NOTE: Specify objectives and success indicators from the review period and mark the appropriate rating with an "X". The total score for targets (Section A) is 50% and for standards (Section B) 50%, making a total of 100%.

SECTION A: ASSESSMENT OF STANDARDS & BEHAVIOURS (50%)

<i>The extent to which employee:</i>	Unsatisfactory Performance 1	Marginal Performance 2	Meets Performance 3	Exceeds Performance 4	Excellent Performance 5
<i>TECHNICAL COMPETENCY:</i>					
Possesses required job knowledge and skill					
Analyses problems and finds solutions					
Employs tools of the job competently					
Can apply relevant technical skills to solve work-related problems					
<i>PERSONALITY COMPETENCY/WORK /ATTITUDE:</i>					
Is open and generate new ideas and approach to work					
Takes personal initiative					
Seeks additional professional training and personal development					
Attends work regularly and timely					
Works effectively and productively					
<i>QUALITY OF WORK:</i>					
Performs duty accurately & free from mistakes					
Produces reliable & Consistent Work					
Willingly takes additional responsibility and ensures quality of work					
Is well-organized and completes work on schedule					
Co-operates with colleagues and superiors within or outside employee's department					
Maintains safety awareness to prevent injury to self, colleagues and damage to company property					
Maintains confidence					
<i>MANAGERIAL/SUPERVISORY COMPETENCY:</i>					
Responds to work challenges and standards					
Controls cost and maximizes resources					

Sets high standard for self and others					
Works professionally, maintains excellent written and verbal expressions					
Trains and coaches sub-ordinates					
Makes sound appraisal judgment / decisions					
<i>CU CORE VALUES:</i>					
Expresses faith in all his/her dealings					
Expresses excellence in all his/her dealings					
Expresses integrity in all his/her dealings					
<i>OVERALL RATING (Multiple sub-Total by 0.4)</i>					

SECTION B: EVALUATION OF PERFORMANCE FOR THE PERIOD UNDER REVIEW

TARGETS & OBJECTIVES FOR THE YEAR UNDER REVIEW (Each objective attracts 10 marks)	ACHIEVEMENT RATING (50%) Justify the Rating given	
	Rating (1-10)	Justification for the rating given
1. 2. 4. 5.	50%	

RE-ASSIGNMENT & RESPONSIBILITIES

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PREVIOUS SUPERVISOR'S COMMENTS

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NEW SUPERVISOR'S COMMENTS

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COMMENTS ON PERFORMANCE CHALLENGES ENCOUNTERED DURING THE APPRAISAL PERIOD:

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COMMENTS/RECOMMENDATIONS FOR TRAINING & DEVELOPMENT:

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TARGETS/OBJECTIVES FOR THE COMING YEAR

- a.
-
- b.
-
- c.
-
- d.
-
- e.
-

SECTION C: PERFORMANCE SUMMARY (NARRATIVE)

Assessment Area	Weight	Score
1. Assessment of Standards & Behaviours (Section A)	50%	
2. Assessment of Targets and Objectives (Section B)	50%	
3. OVERALL RATING (Sections A + B)	100%	
RECOMMENDATION BY SUPERVISOR (tick appropriate box)	Score Range	Tick
Exceptional Performance	90 – 100	
Excellent Performance	81 – 89	
Exceeds Performance	70 – 80	
Meets Performance	50 – 69	
Marginal Performance	35 – 49	
Unsatisfactory Performance	0 – 34	

EMPLOYEE COMMENT (tick appropriate box)	Tick	Give Reason(s):
I agree with the assessment		
I disagree with the assessment		

Employee's Signature:	Supervisor's Name:
Date: _____	Sign: _____ Date: _____

Director/Dean/'s Comments/Recommendations on incremental Portions:

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Date: _____	Sign: _____
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