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**PERFORMANCE-BASED REWARD SYSTEM**

**FORM DPSM 6 (Revised 02/06)**

**PERFORMANCE AND DEVELOPMENT PLAN AND REVIEW DOCUMENT**

**General Guidance**

1. The basic purpose of this instrument is to objectively assess the officer’s performance on the agreed objectives for a given year. The accurate assessment will provide vital information for management decision-making. More specifically the assessment will influence decisions regarding: a) the officer’s performance rating; b) awarding of reward; c) specific training and development needs of the officer to improve performance and productivity; and d) the suitability of the officer for appointment to permanent service or potential advancement to higher grade.
2. For the assessment to be objective it is essential that the reporting officer (a) thoroughly understands the contents of the job the appraisee is holding (job description) and the requirements for the job (job specification), (b) properly knows the officer being appraised (performance abilities) through work supervision of at least three months and (c) refers to notes from the checkpoints meetings.
3. The appraisal is for the total reporting period and should reflect the strengths and weaknesses and what hindered or enabled delivery during the period.
4. The reporting officer is normally the Officer’s immediate supervisor.
5. The appraisal should be done in the presence of the appraisee and should be accompanied by a constructive dialogue focusing on ways of enhancing the officer’s performance and the Department’s productivity.

**PART A: EMPLOYEE INFORMATION**

|  |  |
| --- | --- |
|  Name of Employee (surname first): **WABO MAKUTE** Personal Payroll No.: **069211217** | Performance Plan Period:From: **01 /04 /2022 To: 31 /03 /2023**  Day Month Year Day Month Year |
| DPSM Personal File No.:  | Ministry/Department: **HEALTH**  |
| Position Title: **PRINCIPAL REGISTERED NURSE**Grade: **C 1** | Division/Unit: **CLINICAL SERVICES** |
| Date of appointment to position: **01/11/2018** | Name of Supervisor: **SEBEGO** |
| Duty Station: **SBRANA PSYCHIATRIC HOSPITAL** | Supervisor’s Position:  **CRN** Grade: **D4**Supervisor’s Duty Station: **SBRANA PSYCHIATRIC HOSPITAL** |
| Date of posting/transfer to station. **01/09/2014** |  Supervisor of the officer since: **01 /04 /2022** Day Month Year |

**PART B: PERFORMANCE OBJECTIVES**

*The purpose of this section is to record the employee’s performance objectives for the year. The highlighted portion is completed at the planning stage and the rest is completed at the review stage.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **Objectives** | **Output** | **Measure** | **Performance Result** | **Comments** |
| **Supervisee** | **Supervisor** |
| 1. | To improve quality of health services in MRW by adheringto occupational health and safety policy at 100% by31/03/23 | 100% | % adherence to OHS policy |  |  |  |
| 2. | To improve quality of services in MRW through adherence to fire safety policy at 100% by 31st March 2023. | 100% | % adherence to fire safety policy |  |  |  |
| 3. | To improve quality of health services in MRW through100% adherence to infection control policy by 31/03/2023. | 100% | % adherence to infection control policy |  |  |  |
| 4. | To improve people management by instilling performance oriented culture amongst staff in MRW through signing and reviewing PBRs for all by 31st March 2023 | 01 | Number of people signed and assessed |  |  |  |

***Note:*** *Based on the average of the ratings scored above, provide an overall performance rating of the officer in the space provided below:*

***Final Performance Rating:***

***Note:*** *The performance rating to be obtained by multiplying the average performance rating by 0.8 to get the final performance rating***PART C: DEVELOPMENT OBJECTIVES**

*The purpose of this section is to record the employee’s development objectives for the year. The highlighted portion is completed at the planning stage and the rest is completed at the review stage.*

|  |  |  |
| --- | --- | --- |
| **Individual Development Objectives** | ***Expected results*** | **Follow up/Comments by Supervisor** |
| **To further my studies in Masters Programme of a nursing field** | **To acquired more qualification and skills in nursing** |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Employee’s Signature:** | **Date:** |
| **Supervisor’s Signature:** | **Date:** |
| **Authorized Official:** | **Date:** |

**PART D: ASSESSMENT FOR PERSONAL ATTRIBUTES**

***Note: Please enter your rating under the appropriate rating level***

|  |  |  |
| --- | --- | --- |
| **ITEM FOR ASSESSMENT** | **RATING** | COMMENTS |
|  | 95% - 100% | 80% - 94% | 65% - 79% | 50% - 64% | 49% and below |  |
| 1. **Time Management**

*(Quality of time keeping: keeping appointments, punctuality at work and meetings, and meeting deadlines)* | Outstanding | Very good | Good | Satisfactory | Unsatisfactory |  |
| 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Knowledge of the Work**

*(How well does the officer know the purpose, processes, & practice of the job)* | Outstanding | Very good | Good | Satisfactory | Unsatisfactory |  |
| 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Output: Accuracy, Reliability & Speed**

*(How accurate and reliable the performance is and how much work is done on schedule)* | Outstanding | Very good | Good | Satisfactory | Unsatisfactory |  |
| 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Customer care**

*(Demonstrable value based customer focused initiatives including Botho)* | Outstanding | Very good | Good | Satisfactory | Unsatisfactory |  |
| 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Teamwork**

*(Participation in, support for and promotion of team efforts and has ability to get along with co-workers)* | Outstanding | Very good | Good | Satisfactory | Unsatisfactory |  |
| 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **ITEM FOR ASSESSMENT** | **RATING** | COMMENTS |
|  | 95% - 100% | 80% - 94% | 65% - 79% | 50% - 64% | 49% and below |
| 1. **Initiative**

*(Number of initiatives resulting in accomplishments)* | Outstanding | Very good | Good | Satisfactory | Unsatisfactory |  |
| 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Supervisory Abilities**

*(Guidance for achieving results)****(Note: Only when applicable)*** | Outstanding | Very good | Good | Satisfactory | Unsatisfactory |  |
| 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Managerial Performance**

(Ability to plan, organize and direct activities/resources effectively)***(Note: Only when applicable)*** | Outstanding | Very good | Good | Satisfactory | Unsatisfactory |  |
| 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Average rating score: *[(1+2+3+4+5+6+7+8+)/8]*** |  |  |

**Note:** Based on the average of the ratings scored above, provide an overall effectiveness/rating of the officer in the space provided below:

**Final Personal attributes’ Rating:**

***Note:*** *The overall rating for personal attributes to be obtained by multiplying the average result by 0.2 to get the final rating.*

**QUARTERLY REVIEW RATING SUMMARY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item for Assessment** | **Quarter 1** | **Quarter 2** | **Quarter 3** | **Quarter 4** | **Total** |
| **Performance Objectives**  |  |  |  |  |  |
| **Personal attributes** |  |  |  |  |  |
|  |  |  |  | **Total** |  |

**Comments**

**Supervisee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Supervisee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART E: SUMMARY AND RECOMMENDATION(S)**

**PERFORMANCE RATING**

**Level 1 Outstanding** **95 - 100%** Results **meet and exceeds** all targets. Employee is an exceptional performer and consistently meets all performance targets. The employee occasionally makes significant contributions beyond agreed targets or responsibilities and requires very little supervision.

**Level 2 Very Good: 80 - 95%** Results **meet** **mos**ttargets. Employee consistently meets most targets, and is a competent performer and requires very little supervision.

**Level 3 Satisfactory/Good:** **65 – 79%** Results are **above average** targets. Employee exhibits reasonable level of competence and requires occasional support.

**Level 4 Fair: 50 –64%** Results **meet at least half (average)** of the targets. Employee requires continuous general support to improve performance within a designated period.

**Level 5 Unsatisfactory: 49% and below** Results are **below average**. The employee displays unacceptable performance and needs focused support to improve performance within a designated period. The employee will be denied increment.

 **Unable to rate:** The employee cannot be rated due to extenuating circumstances beyond control (e.g. employee is on study/sick leave/interdiction) or has less than three months service.

**FINAL RATING FOR THE YEAR:**

***Note****: The final rating for the year is the sum of the total annual scores for the performance and the personal attributes given in page 6*

**Recommendation(s) by Supervisor:**

|  |  |
| --- | --- |
| **Reward:**  | **Development required:**  |
|  **Employee’s Comments:** | **Immediate Supervisor’s Comments:** |
| **Signature: Date:** | **Signature: Date:** |

**Authorized Official’s signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permanent Secretary’s Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permanent Secretary’s Signature ­­­:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_