

	TECHNICAL UNIVERSITY OF MOMBASA		
	Document: Form	Ref No.: TUM/Form/HRM/016	
	Title: STAFF EVALUATION		
	Department: HUMAN RESOURCE MANAGEMENT		
	Issue No. 2	Revision No. 0	Date: 5th April 2018

To be filled by supervisor

Period under Review from: _____ To: _____

SECTION 1: PERSONAL PARTICULARS

Surname: _____ First Name: _____ Other Names: _____

Personal No: _____ ID No: _____ Division: _____

Department/Section: _____

Current Designation: _____ Terms: (Permanent/Contract/Temporary)

Grade: _____ with effect from: _____

Acting /Special Duty (if any): _____

SECTION 2: INSTITUTIONAL/DEPARTMENTAL OBJECTIVES *(to be completed by the Appraiser as agreed with the supervisor)*

List the Institutional/Departmental Priority Objectives from which Performance Targets will be derived.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____



SECTION 3: RATING SCALE

The following rating should be used to indicate the level of performance by an Appraisee.

Achievement of Performance Targets	Scale
Performance targets fully met and exceed in several areas	5
All Performance targets fully met	4
Some Performance targets fully met	3
Performance targets partially met	2
Performance targets not met	1

SECTION 4: PERFORMANCE TARGETS (40% for teaching and 60% for non-teaching staff)

<i>Agreed Performance Targets (To be completed by Appraisee as agreed with supervisor at the beginning of appraisal period</i>		<i>To be completed by the supervisor at the end of the Appraisal Period</i>	
	<i>Results Achieved/Performance Indicators (Proof of performance to be completed by appraisee in consultation with supervisor at beginning of the appraisal period)</i>	<i>Performance Appraisal (see rating scale)</i>	<i>Reasons</i>
1			
2			
3			
4			
5			
6			
7			
8			
TOTAL (Out of 40% for teaching and 60% for non-teaching staff)			
Appraisal score for the previous year (%)			

Supervisor's comments on performance: _____

Appraisee's comments on performance: _____



SECTION 5 (a): STAFF TRAINING AND DEVELOPMENT

<i>Appraisee’s Training and Development Needs required to achieve the expected results – including on the Job Training (To be completed by the Appraisee as agreed with the supervisor at the beginning of the Appraisal period)</i>	<i>Duration of Training (including on the Job Training)</i>	<i>Comments on Staff Training and Development undertaken over the Appraisal Period (To be completed at the end of reporting period)</i>	
		<i>Comments by Appraisee</i>	<i>Comments By Supervisor</i>
1)			
2)			
3)			
4)			
5)			

Appraisee’s Signature: _____ Date: _____

Supervisor’s Signature: _____ Date: _____

SECTION 5(b) Second Supervisor’s comments on targets set by Appraisee and Supervisor
 (Confirm whether the targets in Section 4 are specific, measurable, agreeable, realistic and have a timeline)

Second Supervisor’s Name: _____ Signature: _____ Date: _____

SECTION 6: VALUES/STAFF COMPETENCIES APPRAISAL

This section should be completed by the supervisor after discussion with the Appraisee. The Supervisor and Appraisee should however discuss the values at the beginning of the appraisal period. The Supervisor should comment on each of the values and competences listed below:

6 (a): CORE VALUES/ COMPETENCIES (10%)

<i>(i) Values</i>	<i>Appraisal (see rating scale)</i>	<i>Comments</i>
1.Integrity		
2. Respect for National diversity /Gender		
3. Patriotism		
4. Demonstrates and upholds values as Stipulated		



(ii) Core Competencies	Appraisal (see rating scale)	Comments
1. Professionalism		
2. Technical competency		
3. Communication		
4. Team Work		
5. Time Management		
6. Creativity		
7. Continuous Learning Performance and Improvement		
8. Customer/Citizen focus		

6 (b): Managerial and Supervisory Competencies

(This part applies to staff who have managerial and supervisory responsibilities).

Competency	Appraisal (See rating scale)	Comments
1. Adheres to the Leadership /Management Accountability /Framework.		
2. Planning and Organizing.		
3. Training and Developing Staff.		
4. Managing Resources and Accountability.		
5. Anticipates risks and takes measures to mitigate against them.		
6. Judgment and Objectivity		
7. Managing Performance		
8. Promoting use of Information Technology		
Total (Out of 10%)		

SECTION 7 (a) MID- YEAR STAFF PERFORMANCE APPRAISAL

This section should be completed by the supervisor after discussion with the Appraisee. *(Comments on the Appraisee’s performance including Achievements, Milestones and any constraint experienced over the first half of the Reporting Period.)*



7 (b) REVIEW OF THE PERFORMANCE TARGETS (if any)

<i>Targets changed or added as agreed during Mid-year Performance Appraisal</i>	<i>To be completed by the supervisor at the end of the Appraisal Period</i>		
	<i>Results Achieved/ Performance Indicators/ Proof of Performance</i>	<i>Performance Appraisal by the Supervisor (see rating scale)</i>	<i>Comments</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
TOTAL (<i>Out of 40% for teaching and 60% for non-teaching staff</i>)			

Supervisor's Name: _____ **Signature:** _____ **Date:** _____

Note: In the event of an appraisee's transfer, promotion, redeployment or assignment of other duties other than those specified at the beginning of the appraisal period, the Appraisee's performance shall be assessed on pro-rata basis.

SECTION 8: OVERALL APPRAISAL

- 1. Performance Assessment Rating (Out of 50%/60% for teaching/non-teaching staff)
- 2. Core Values/ Competences Rating (Out of 10%)

Overall Appraisal by the Supervisor (Comments on the Appraisee's overall performance and any other strengths, skills and qualities which he/she has)

Supervisor's Name: _____ **Signature:** _____ **Date:** _____



SECTION 9: APPRAISEE’S COMMENTS ON APPRAISAL BY THE SUPERVISOR

(To be completed at the end of the appraisal period)

a) Did performance related discussions take place during the reporting period with your supervisor? (tick one)

Yes No

b) Did the discussions help? (tick one)

Yes No

c) General comments (if any) On your overall performance.

d) Comments on your immediate Supervisor’s contribution to your achievements

Appraisee’s Signature: _____ **Date** _____

SECTION 10: COMMENTS BY THE SECOND SUPERVISOR

Comments by the Second Supervisor: *(comment on the consistency and reasonableness of the comments given by the supervisor and any significant statement(s) made by the Appraisee).*

Second Supervisor’s Name: _____

Designation: _____ **Signature:** _____ **Date:** _____

SECTION 11: RECOMMENDED REWARD OR SANCTION

- a) A bonus of three (3) incremental credits for excellent performance will be awarded upon approval by the Vice Chancellor.
- b) Tick the recommended sanction for poor and very poor performance.

S/N	Intervention	Tick one
1.	Warning/ Cautionary letter for poor performance	
2.	Dismissal/ Termination of appointment for very poor performance	
3.	Other interventions	

Supervisor’s Name: _____ **Signature:** _____ **Date:** _____



c) Recommendation to the Vice Chancellor by the Appointment, Appraisal and Promotion Committee

Date of Meeting: _____

Minute Number: _____

Chairperson's Name: _____ **Signature:** _____ **Date:** _____

Secretary's Name: _____ **Signature:** _____ **Date:** _____

d) Approval by Vice Chancellor

Approved/ not approved by the Vice Chancellor

Comments: _____

Vice Chancellor's Name: _____ **Signature:** _____ **Date:** _____

