

APPRAISAL FORM TEMPLATE

PERSONAL DETAILS	
NAME:	DATE OF BIRTH:
JOB TITLE:	
MANAGER:	
DEPARTMENT:	
DIVISION & LOCATION:	
CURRENT GRADE:	SALARY:
DATE OF LAST UPGRADE:	DATE OF LAST REVIEW:
AMOUNT OF LAST BONUS:	DATE:
PERFORMANCE REVIEW PERIOD START:	END:
CURRENT PERIOD PERFORMANCE DETAILS	
Current Goals	Deadline

APPRAISAL FORM TEMPLATE

CURRENT PERIOD PERFORMANCE DETAILS		
Current Level	Required Competencies	Desired Level
Training Requirements		Deadline

APPRAISAL FORM TEMPLATE

CURRENT PERIOD CONTINUED		
Coaching Opportunities	Project	Dates
Mentoring of an Event	Project	Dates

APPRAISAL FORM TEMPLATE

REVIEW DETAILS		
Current Goals	Deadline	
	Required	Actual
Required Competencies	Level	
	Current	Desired

APPRAISAL FORM TEMPLATE

REVIEW CONTINUED

Manager's Initial Assessment of Goals Attainment

Manager's Initial Assessment of Required Competencies

APPRAISAL FORM TEMPLATE

REVIEW CONTINUED

Individual's response on Goals attainment assessment

Individual's response on Required Competencies assessment

APPRAISAL FORM TEMPLATE

REVIEW CONTINUED

Agreed Assessment of Goals Attainment

--

Agreed Assessment of Required Competencies

--

Signed Manager:

Person:

Date:

COMPETENCY EVALUATION TEMPLATE

Name:

Job Title:

Department:

Review Period:

Competency	Initial Level	Evidence of Competency	Changes to Level
		Q1.	
		Q2.	
		Q3.	
		Q4.	
		Annual	
		Q1.	
		Q2.	
		Q3.	
		Q4.	
		Annual	
		Q1.	
		Q2.	
		Q3.	
		Q4.	
		Annual	

Competency Evaluation Template

		Q1.	
		Q2.	
		Q3.	
		Q4.	
		Annual	
		Q1.	
		Q2.	
		Q3.	
		Q4.	
		Annual	
		Q1.	
		Q2.	
		Q3.	
		Q4.	
		Annual	
Summary of required role competencies & level exhibited			

COMPETENCY OBSERVATION TEMPLATE

Name:

Job Title:

Department:

Review Period:

Date	Competency Displayed	Event Type	Outcome +VE / -VE

GOAL ATTAINMENT & EVALUATION TEMPLATE

Name:	Job Title:	Department:	Review Period:
Deadline	Goal	Progress Review Update	Evaluation
		Q1.	
		Q2.	
		Q3.	
		Q4.	
		Annual	
		Q1.	
		Q2.	
		Q3.	
		Q4.	
		Annual	
		Q1.	
		Q2.	
		Q3.	
		Q4.	
		Annual	

Goal Attainment & Evaluation Template

		Q1.	
		Q2.	
		Q3.	
		Q4.	
		Annual	
		Q1.	
		Q2.	
		Q3.	
		Q4.	
		Annual	
		Q1.	
		Q2.	
		Q3.	
		Q4.	
		Annual	
Summary of Overall Performance			

SIGNIFICANT INCIDENT TEMPLATE

SIGNIFICANT INCIDENT TEMPLATE					
Name:		Job Title:		Department:	
Review Period:					
Date	Incident Description	Expected Role Competencies	Competencies Displayed by Individual	Significance +VE / -VE	Impact on Team
					HIGH MED LOW
					HIGH MED LOW
					HIGH MED LOW

Date	Incident Description	Expected Role Competencies	Competencies Displayed by Individual	Significance +VE / -VE	Impact on Team
					<p>HIGH</p> <p>MED</p> <p>LOW</p>
					<p>HIGH</p> <p>MED</p> <p>LOW</p>
					<p>HIGH</p> <p>MED</p> <p>LOW</p>