**Confidential**

**FOR ONSHORE STAFF**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# This part to be completed by the **Appraiser**

Performance Appraisal for period from **April 2013** to **Sep 2013**

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_ Staff No:\_\_\_\_\_\_\_\_\_\_\_  Position:\_\_\_\_\_\_\_\_\_\_\_ Department/Section: \_\_\_\_\_\_­­\_\_\_\_\_  Date Joined Company: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**This part to be completed by the Department Manager**

RECOMMENDATION FOR SALARY INCREMENT: **YES**  **NO**

Performance Total Points : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Basic Salary : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Increment : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be filled by the Management:**Date:

Salary Increment agreed, as proposed by Department Manager **YES**  **NO**

If No, the increment accepted by the Management \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appraisers Department Manager General Manager/MD

(Name & Signature) (Name & Signature) (Name & Signature)

**RATING SCALE**

|  |  |
| --- | --- |
| **1-OUTSTANDING** | Always exceeds requirements |
| **2-GOOD** | Always meets requirements & sometimes exceeds them |
| **3-NEEDS IMPROVEMENT** | Often fails to meet requirements & requires supervision and guidance to meet requirements. |
| **4-DOES NOT MEET** | Does not meet the expected standards. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SN** | | **FACTORS** | | | | | | **OUTSTANDING 1** | | **GOOD 2** | | **NEEDS IMPROVEMENT 3** | | | **DOES NOT MEET 4** | | | **RATING** |
| **1) Job Knowledge & Technical Know How-** Does the employee understand all the phases of his/her work and related matters? Is the employee coping satisfactorily on routine work & able to handle problems related to the task? | | | | | | | | | | | | | | | | | | |
| **a** | | Job Knowledge &Tech. Know How | | | | | |  |  | |  | | |  | | |  | |
| **2) Quality of Work-**Consider the thoroughness of work & ability to perform work on high standard with proper attention to details, extent to which work is neat ,accurate, technically precise & error free. Ability to state& record facts and data. Ability to adhere to deadlines ensuring that all work output is delivered in a timely and accurate manner. | | | | | | | | | | | | | | | | | | |
| **b** | | Quality of Work | | | | | |  |  | |  | | |  | | |  | |
| **3) Organized Work-**Is the employee good at prioritizing and organizing work load? Is there frequent misplacement of work related items and papers? Ability to schedule tasks and activities effectively. | | | | | | | | | | | | | | | | | | |
| **C** | | Organized Work | | | | | |  |  | |  | | |  | | |  | |
| **4) Reporting & Documentation-** Consider timeliness & accuracy in the preparation of reports & other documentation required for the job. | | | | | | | | | | | | | | | | | | |
| **d** | | Reporting & Documentation | | | | | |  |  | |  | | |  | | |  | |
| **5) Role Clarity & Awareness-** Is the employee aware of his/her role in the overall department/Company? Does the employee show awareness of how their role and contribution can affects the company productivity & cost effectiveness? | | | | | | | | | | | | | | | | | | |
| **e** | | Role Clarity & Awareness | | | | | |  |  | |  | | |  | | |  | |
| **6) Communication**- Consider ability to communicate both verbally and in writing. Can he/she interact and deal with external clients and people at all levels in the organization. | | | | | | | | | | | | | | | | | | |
| **f** | | Communication | | | | | |  |  | |  | | |  | | |  | |
| **7) Cooperation & teamwork-** Consider the ability and willingness to assist in other areas when workloads demands without being asked? Consider the ability to originate or develop ideas to get things started as a team. | | | | | | | | | | | | | | | | | | |
| **g** | | | | Cooperation & teamwork | | | |  |  | |  | | |  | | |  | |
| **SN** | | | | **FACTORS** | | | | **OUTSTANDING 1** | | **GOOD 2** | | **NEEDS IMPROVEMENT**  **3** | | | **DOES NOT MEET**  **4** | | | **RATING** |
| **8) Discipline-** Consider (a) Timeliness/punctuality (b) Appearance (c) Attendance | | | | | | | | | | | | | | | | | | |
| **h** | | | Discipline | | | | |  | |  | |  | | | |  | |  |
| **9) Reliability-** Consider reliability in the execution of assigned tasks & dependability in the following instructions. Does work generated need to be thoroughly checked and supervised or does it need only minimal supervision? | | | | | | | | | | | | | | | | | | |
| **i** | Reliability | | | | | |  | |  | |  | | |  | | |  | |
| **10) Adaptability-** Consider employees ability to understand new things, adapt to new functions and work under pressure. Does the employee require constant & repeated instructions in Changed circumstances? | | | | | | | | | | | | | | | | | | |
| **j** | Adaptability | | | | | |  | |  | |  | | |  | | |  | |
| **11) Problem Solving/Decision Making-** Consider his/her ability to solve issues with in his/her authority level and make decision in the appropriate time and its accuracy. | | | | | | | | | | | | | | | | | | |
| **k** | Problem Solving & Decision Making | | | | |  | | |  | | | |  |  | | |  | |
| **12) Leadership & Initiative-** Consider his/her ability to lead a team. Ability to develop ideas, motivate other team members to get things done. | | | | | | | | | | | | | | | | | | |
| **l** | Leadership & Initiative | | | |  | | | |  | | | |  |  | | |  | |
| **13) HSE Performance-** Consider his/her attitude to do the job in safe way and his/her contribution to maintain high HSE standard in the company. | | | | | | | | | | | | | | | | | | |
| **m** | HSE Performance | | | |  | | | |  | | | |  |  | | |  | |
| **Overall Rating (Select the appropriate category as per the rating** **: 13-20 21-27 28-39 40 & above**  OUTSTANDING  GOOD  NEEDS IMPROVEMENT  DOES NOT MEET | | | | | | | | | | | | | | | | | | |
| **Evaluators Comments: (Use additional sheets if necessary).** | | | | | | | | | | | | | | | | | | |
| 1. Any other Substantial Achievements beyond the scope of normal Jobs? | | | | | | | | | | | | | | | | | | |
| 1. Any Significant issues during the period of Evaluation? | | | | | | | | | | | | | | | | | | |
| 1. Employee Strengths & Potential? | | | | | | | | | | | | | | | | | | |
| 1. What training needs identified to help the employee to perform better or to excel? | | | | | | | | | | | | | | | | | | |
| 1. Any other comments? | | | | | | | | | | | | | | | | | | |
| 1. Goal Setting for year under review? | | | | | | | | | | | | | | | | | | |
| 1. **Employee Feedback:**   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Signature of Employee: Date: | | | | | | | | | | | | | | | | | | |