

TechnoNext Software Ltd.
Performance Assessment Form

Name		Assessment Period	
Designation		Current Project	
Department		Direct Line Manager	
Employee ID		Dotted Line Manager	
Date of Joining		Current Salary	

PART - A

Employee Self-Assessment

1. Personal goals for this assessment period	
2. Your major accomplishments	
3. Additional achievements (if any)	
4. How did you work with your PM & others	
5. Levels and competencies assessment	Please mention your self-achievement in the below competencies
a. Software engineering	
b. Design and architecture	
c. Results and impact	
d. Collaboration	
e. Others (if any)	

List your key strengths	Objectives that you could meet during this assessment period	Objectives you couldn't meet during this assessment period & why	Your primary goals & objectives for next assessment period

/10
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PART - B

Employee Assessment by Project/Line Manager

Sl.	Technical Skills	1	2	3	4	5	6	7	8	9	10
1	Project Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Test Case Preparation & Review Proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Testing Tools expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Effective Bugs Reporting and Fixing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Maintain Project Timeline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Human Skills										
6	Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Accountability & Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Proactiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Discipline & Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Total										

Line Managers Justification & Own Feedback on Employee Self-Assessment

Fully agree on Employee Self-Assessment ☐

Partially Agree ☐% Agree with self-assessment

Employee's Strength: _____

Areas for Improvement: _____

Signature: _____

Name: _____

PART - C

Employee Assessment Approval by CTO & Head of Operations

Comments & Approval of CTO
<p>Mark the Employee out of 15: _____</p> <p>Signature: _____</p> <p>Name: _____</p>

Comments & Approval of Head of Operations
<p>Mark the Employee out of 15: _____</p> <p>Signature: _____</p> <p>Name: _____</p>

PART - D

Employee Assessment by HRD

Performance Based on Assessment Score			
Rating	Grade	Rating	Grade
91-100 =	Excellent <input type="checkbox"/>	41-60 =	Fair <input type="checkbox"/>
81-90 =	Very Good <input type="checkbox"/>	20-40 =	Poor <input type="checkbox"/>
61-80 =	Good <input type="checkbox"/>		

Assessor	Total	Obtained
Self-Assessment	10	
Project/Line Manager	40	
CTO	15	
Head of Operations	15	
HRD	20	
Total	100	

Employee's Personal File's Record

1. Attendance Status (Filled by Own Department):.....

2. Disciplinary Action (if any):

3. Leave Record:

a). Casual Leave

: 10 (Ten) days

Availed:

Days:

b). Sick Leave

: 14 (Fourteen) days

Availed:

Days:

c). Earn Leave

: 21 (Fourteen) days

Availed:

Days:

d). Maternity/Paternity Leave:

Availed:

Days:

e). Special Leave:

Availed:

Days:

e). Leave Without Pay

Availed:

Days: