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**Structured on the Job Training (S-OJT) Evaluation form for MDP Trainees**

**MDP Form 03 (*To be filled by trainee*)**

S-OJT Period Covered from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Trainee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place/Area of Training\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Branch-Domestic operation)

1. As a Trainee how knowledgeable you become after S-OJT in regards to the below areas?

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Department** | **Evaluation Criteria** | **Training Period** | | **Name of Responsible** | | **Points of Evaluation** | | | | | |
| **from** | **to** | **Mentor** | **Checker** | **Not Enough (1)** | **Enough (2)** | **Good (3)** | **Very Good (4)** | **Excellent (5)** | **any Remark** |
| Branch (Domestic Operation) | **On Branch Cash Activities:** which includes Daily Cash Operation, beginning activities, Cash request from shift vault, daily operation, dispute Management, Shift cash Balancing |  |  |  |  |  |  |  |  |  |  |
| **On Branch Back Office Activities:** which includes Cheque Clearance, RTGS payment and others |  |  |  |  |  |  |  |  |  |  |
| **On Branch Personal Banker**: which includes Account opening, modification, closing, internet & Mobile Banking |  |  |  |  |  |  |  |  |  |  |
| **On General Branch Mgt** |  |  |  |  |  |  |  |  |  |  |

2. Pls. explain how properly you become acquainted with the leadership skill through coaching and mentoring during your training period in this department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainee’s Name and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_