

## STRICTLY CONFIDENTIAL

## PERFORMANCE APPRAISAL FORM

**SOFTWARE/PRODUCT DEVELOPER**

|  |  |
| --- | --- |
| Review Period: July 01, 2024 to July 01, 2025 | |
| Name of Job Holder: Shovon Chowdhury | Department: Research & Development |
| Date of Joining: 01-07-2024 | Job Title: Functional Engineer |
| Grade: T100 | Date Appointed to the Present Grade: 0**1**-07-202**4** |
| Number of Persons Reporting to Job Holder: 0 | Name of Reporting Manager: Md Solaiman Hossain |

**ACHIEVEMENTS/GOAL COMPLETION**(**Job Holder to complete**).

**[Please fill the remarks section with care]**

You are encouraged to add your points on your **Achievements for this appraisal year**

**TRAINING & DEVELOPMENT PLAN**

|  |  |
| --- | --- |
| (a) What do you consider to be your main strengths that contribute to your overall performance? **[Associate]** |  |
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| --- | --- |
| (b) What do you consider to be the aspects of your performance that needs to be improved? **[Associate]** |  |
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| --- | --- |
| What further training and/or experience do you feel would help your future performance and development? **[Associate]** | SOFT SKILLS TRAINING BUSINESS TRAINING TECHNICAL TRAINING |
| Please Specify (If any): |

......................................... .. …………………..  
 **Name & Signature of Job-holder Date**

**ACHIEVEMENTS/GOAL COMPLETION**

(To be completed by the Reporting Manager)

Make any comment that you feel necessary to clarify or supplement **the Achievements** mentioned above. In addition, **Set Goals** for next year. **[Reporting Manager]**

Reporting Manager’s remarks on Training & Development Plan:

#### **OVERALL ASSESSMENT**

**(1)** How are you going to rate an employee's overall performance in terms of meeting or exceeding performance expectations? Select the option that best reflects the employee's level of performance over time.

**Does not meet expectation** **Partially meets expectation** **Meets expectation**

**Meets most expectation** **Exceeds Expectation**

Provide comments to justify your ratings. When crafting your comments, consider the following factors: consistent demonstration of skills, competencies, and the results they have delivered for the organization. **[Reporting Manager]**

**(2)** How are you going to rate an employee's potential for growth and advancement within the organization? Select the option that best reflects the employee's potential for future growth within the organization.

**Low Potential** - improvement not expected, lack of ability and/or motivation.

**Medium potential** - room for some advancement in terms of performance or expertise.

**High potential** - performing well and ready for promotion immediately.

Remarks..............................................................................................................................................................................

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**Signature of Reporting Manager Date**

HR Page

**Remarks from Head of Human Resources**

Please validate this review and complement any necessary Comment.

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| --- | --- | --- | --- |
| .........................................................  Name of Supervising Manager | ..............................................  Signature | ...................................................  Position | .............................................  Date |

LEAVE OBTAINED AS AT: CASUAL – SICK – Earned. Total Leave taken

**Attendance Percentage; Very Good – Good - Average**

**Variance of Salary for Decision Making**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Present Salary | | Status | Proposed Salary | | Gross Difference |
| Basic | Gross | New Basic | New Gross |
|  |  | Promotion with Increment |  |  |  |
|  |  | Promotion without Increment |  |  |  |
|  |  | Increment |  |  |  |
|  |  | Pay Progression |  |  |  |

|  |  |  |
| --- | --- | --- |
| Decision | Yes/No | Remarks |
| Promotion Recommended with Increment | ☐ Yes ☐ No |  |
| Promotion Recommended with PP only | ☐ Yes ☐ No |  |
| Increment Recommended without Promotion | ☐ Yes ☐ No |  |
| Only Pay Progression (PP) Recommended | ☐ Yes ☐ No |  |
| Promotion/Increment/PP Deferred | ☐ Yes ☐ No |  |

Comments (if any) .......................................................................................................................................

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Signature with Name

Human Resources

Part of COO

**Reporting Manager’s Supervising Manager to complete [Head of Department / Unit]**

Please confirm your agreement to this review and add any comment you feel necessary

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| --- | --- | --- | --- |
| .........................................................  Name of Supervising Manager | ..............................................  Signature | ...................................................  Position | .............................................  Date |

|  |  |  |
| --- | --- | --- |
| Decision | Yes/No | Remarks |
| Promotion Recommended with Increment | ☐ Yes ☐ No |  |
| Promotion Recommended with PP only | ☐ Yes ☐ No |  |
| Increment Recommended without Promotion | ☐ Yes ☐ No |  |
| Only Pay Progression (PP) Recommended | ☐ Yes ☐ No |  |
| Promotion/Increment/PP Deferred | ☐ Yes ☐ No |  |

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Signature with Name

Chief Operating Officer (COO)

**Part of CEO**

|  |  |  |
| --- | --- | --- |
| Decision | Yes/No | Remarks |
| Promotion Recommended with Increment | ☐ Yes ☐ No |  |
| Promotion Recommended with PP only | ☐ Yes ☐ No |  |
| Increment Recommended without Promotion | ☐ Yes ☐ No |  |
| Only Pay Progression (PP) Recommended | ☐ Yes ☐ No |  |
| Promotion/Increment/PP Deferred | ☐ Yes ☐ No |  |

……………………………… **Final Approval by**  
Signature **CEO**

**Remarks (if any) ..................................................................................................................................**

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