

## INDIVIDUAL APPRAISAL REPORT

| PERSONAL DETAILS  |                           |                                     |                                   |                            |                   |  |                       |                  |  |  |
|---|---------------------------|-------------------------------------|-----------------------------------|----------------------------|-------------------|--|-----------------------|------------------|--|--|
| Staff Number:   | NLC20150307               |                                     | Staff Name:                       |                            | Joy Kaaria Mwende |  |                       |                  |  |  |
| ID Number:  | 26090936                  |                                     | <b>Employee E-mail:</b> joy       |                            |                   | oy.kaaria@landcommission.go.ke         |                       |                  |  |  |
| Appraisal Type:   | ANNUAL FINANCIAL YEAR     |                                     | Appraisal Period: 202             |                            |                   | 2021-2022                              |                       |                  |  |  |
| Terms of Service:   | Permanent and Pensionable |                                     | <b>Gender:</b> Fem                |                            |                   | emale                                  |                       |                  |  |  |
| Work Station  | 47-Nairobi City County    |                                     | Job Grade: NLC                    |                            |                   | LC7                                    |                       |                  |  |  |
| Dept/Directorate  | HRA                       | HRA                                 |                                   | Appraisal Status App       |                   | ppraisee                               |                       |                  |  |  |
| Immediate Supervisor:   | Charles Maina Kagema      |                                     | Immediate Supervisor Designation: |                            | Dire              | irector Land Use Planning And Research |                       |                  |  |  |
| Second Supervisor:  | Fatuma Abubakar Hor       | Fatuma Abubakar Horow               |                                   | Supervisor Designation: CO |                   | OUNTY COORDINATOR                      |                       |                  |  |  |
| DEPARTMENTAL OBJECTIVES   |                           |                                     |                                   |                            |                   |  |                       |                  |  |  |
| AGREED PERFORMANCE TA   | ARGETS                    | RGETS                               |                                   |                            |                   |  |                       |                  |  |  |
| Agreed Performance Target   |                           | Performance Indicator               |                                   | Results Achieved           |                   | Agreed Actual<br>Results Achieved      | Appraisee's<br>Rating | Agreed<br>Rating |  |  |
| Total Appraisee Score on Performance Targets 0.0  |                           |                                     |                                   |                            |                   |  | 0.00                  | 0.00             |  |  |
| Mean Appraisal Scores   |                           |                                     |                                   |                            |                   |  | 0%                    | 0%               |  |  |
| APPRAISEE'S COMMENTS ON TARGET SETTING  IMMEDIATE SUPERVISOR'S ON TARGET SETTING  |                           |                                     |                                   |                            |                   |  |                       |                  |  |  |
| APPRAISEE'S COMMENTS ON PERFORMANCE AT THE END OF THE YEAR INCLUDING ANY FACTORS THAT HINDERED PERFORMANCE PERFORMANCE AT THE END OF THE YEAR INCLUDING ANY FACTORS THAT HINDERED PERFORMANCE |                           |                                     |                                   |                            |                   |  |                       |                  |  |  |
| MID YEAR REVIEW   |                           |                                     |                                   |                            |                   |  |                       |                  |  |  |
| Agreed Performance Target   Performance Indicator   Target changed or Added   |                           |                                     |                                   |                            | Remarks           |  |                       |                  |  |  |
| MID YEAR APPRAISEES'S COMMENTS  MID YEAR IMMEDIATE SUPERVISORS COMMENTS   |                           |                                     |                                   |                            |                   |  |                       |                  |  |  |
| VALUES AND STAFF COMPETENCIES APPRAISAL   |                           |                                     |                                   |                            |                   |  |                       |                  |  |  |
| Criteria Cluster  | Appraise                  | Appraisee's Values and Competencies |                                   |                            |                   | Immediate Supervisor Comments          |                       |                  |  |  |
| APPRAISEE'S COMMENTS ON VALUES AND COMPETENCIES  IMMEDIATE SUPERVISOR COMMENTS ON APPRAISEE'S ATTRIBUTES/ATTITUDE   |                           |                                     |                                   |                            |                   |  |                       |                  |  |  |
| STAFF TRAINING AND DEVELOPMENT NEEDS  |                           |                                     |                                   |                            |                   |  |                       |                  |  |  |

Duration

Type of Training

**Training & Development Needs** 



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| APPRAISEE'S COMMENTS ON TRAINING & DEVELOPMENT NEEDS | IMMEDIATE SUPERVISOR COMMENTS ON TRAINING & DEVELOPMENT NEEDS |
|--|---|
| SECOND SUPERVISOR COMMENTS AND RECOMMENDATIONS       |   |
| Second Supervisor Comments                           | Second Supervisor Recommendations                             |
|  |   |