

PSMBFI PERFORMANCE APPRAISAL FORM (PAF)

Manager



Guidelines

PART I - PERFORMANCE AGAINST OBJECTIVES

1. List all agreed KRAs for the year and indicate the performance or results standards for each objective.
2. Based on a 100% total weight, indicate the weight of each objective relative to the others. The weight should depend on the degree of complexity of achieving the objectives, the time needed to get the results and the impact on the department.
3. Both superior and subordinate will do the rating and must agree to a final rating for each set target.
4. Rate the performance against the standards with consideration to changes in priorities, factors outside the employees' control and any unusual conditions that may have affected the performance/results using the following scale:

DEGREE RATING	PERFORMANCE	DESCRIPTION
5	OUTSTANDING	Performs exceptionally and consistently; exceeds overall performance expectations (Key Result Areas exceeded and delivered ahead of time)
4	ABOVE AVERAGE	Exceeds performance expectations (delivered expected results ahead of time or exceeded expected results on time)
3	AVERAGE	Expected results were achieved as scheduled
2	BELOW AVERAGE	Marginally meets expectations; unable to deliver/achieve expected results on time.
1	POOR	Did not meet expectations and job requirements.

5. Under remarks , provide comments on how the results were obtained - effectiveness and timeliness of implementation of action plans and/or difficulties in delivering the results.
6. Add all weighted score to get the total rating.

PART II - VALUES BASED BEHAVIOR

1. Both superior and subordinate will do the rating and must agree to a final rating for each listed value using the prescribed scale (1-5).
2. To get the **weighted score** per Value, multiply the average rating with the assigned weight. All the six (6) Corporate Values are given equal weights of 16.66% each.
3. Add all weighted score to get the total rating for the Values-Based behavior.

PART III - REGULAR RESPONSIBILITIES

1. Refer to the basic/ common responsibilities of the job as listed.
2. Make the expectations very clear and agree on how the rating will be made or assessed.
3. Under remarks , provide comments on how the results were obtained.
4. Add all weighted score to get the total rating for the Regular Responsibilities.

PART IV - DEVELOPMENTAL PLANS

- 1 List specific areas the ratee has to work on or further develop for work improvement.
- 2 Indicate the suggested and/or agreed upon development strategies and the target date/s of completion.

PART V - OVERALL ASSESSMENT

1. It is the summary of Parts 1-4
2. Get the descriptive scale or refer to Part 1 Section 4



PERFORMANCE APPRAISAL FOR MANAGER

EMPLOYEE NAME:	DATE HIRED:
POSITION TITLE:	RATING PERIOD: <input type="checkbox"/> 1st Half (Jan-Jun) <input type="checkbox"/> 2nd Half (Jul-Dec)
DEPARTMENT:	EVALUATED BY:

PART I - PERFORMANCE AGAINST OBJECTIVES

The objective of this part is to provide employees with clear, factual, and honest feedback about their overall performance.

KEY RESULT AREAS & TARGETED DELIVERABLES	A	B	C			D	E	F	
	MEASURES	TARGETS	RATING			WT	WTD SCORE	REMARKS	
			C1	C2	C3			STAFF	SUPERIOR
			STAFF	SUPERIOR	FINAL AGREED RATING		(C3 x D)		
KRA-1: Targeted Deliverables:							0		
KRA-2: Targeted Deliverables:							0		
KRA-3: Targeted Deliverables:							0		
KRA-4: Targeted Deliverables:							0		
TOTAL						0%	0		

I hereby acknowledge that all the targeted deliverables listed above are agreed upon by me and my superior.

Conformed by:

Noted by:

Ratee
Signature over printed name

Rater
Signature over printed name

To be filled-up during Mid-year Assessment:

Mid-year assessment results to changes in the agreed KRAs and targeted deliverables for the remainder of the evaluation period.

	Item changed	Justification
1	_____	_____
2	_____	_____
3	_____	_____

No change in the agreed KRAs and targeted deliverables for the remainder of the evaluation period.

Conforme:

Conforme:

Ratee
Signature over printed name

Rater
Signature over printed name



PERFORMANCE APPRAISAL FOR MANAGER

EMPLOYEE NAME:	RATING PERIOD:	EVALUATED BY:
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PART II - VALUES-BASED BEHAVIORS

Please assess your subordinates' behaviors using the following and cite critical incidents to support the rating:

- 1 - Hardly demonstrated the expected behaviors.
- 2 - Occasionally/Sometimes demonstrated the expected behaviors
- 3 - Fairly often demonstrated the expected behaviors
- 4 - Usually/Most of the time demonstrated the expected behaviors
- 5 - Consistently/regularly demonstrated the expected behaviors

CORPORATE WORK VALUES	A			B	C	D	
	RATING			WT	WTD SCORE	REMARKS	
	A1	A2	A3				
TEAMWORK / COOPERATION	STAFF	SUPERIOR	FINAL AGREED RATING		(A3 x B)	STAFF	SUPERIOR
Mobilizes team, builds momentum to get things done by communicating clearly and investing time and energy to engage the whole department.				16.66%	0		
SERVICE EXCELLENCE							
Goes out of his or her way to ensure customer satisfaction. Processes both routine and nonroutine internal and external customer concerns in ways that result in a high degree of customer satisfaction.				16.66%	0		
WORK QUALITY AND COMPETENCE							
Maintains above standards output despite of deadlines and regularly produces accurate, thorough and professional work.				16.66%	0		
INITIATIVE AND PRO-ACTIVENESS							
Anticipates what is needed and necessary in the workplace and undertakes additional responsibilities in the department.				16.66%	0		
DEPENDABILITY AND ACCOUNTABILITY							
Manages department's time effectively and holds self and others accountable for achieving established performance expectations.				16.66%	0		
DECISION MAKING AND JUDGEMENT							
Displays just and objective approach in decision making within the department.				16.66%	0		
TOTAL				100%	0		



PERFORMANCE APPRAISAL FOR MANAGER

EMPLOYEE NAME:	RATING PERIOD:	EVALUATED BY:
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PART III - REGULAR RESPONSIBILITIES

REGULAR RESPONSIBILITIES	A			B	C	D	
	RATING			WT	WTD SCORE	REMARKS	
	A1	A2	A3			STAFF	SUPERIOR
	STAFF	SUPERIOR	FINAL AGREED RATING		(A3 x B)		
REGULAR RESPONSIBILITIES-1 Monitors daily activities of the department to ensure that targets are being met.				25%	0		
REGULAR RESPONSIBILITIES-2 Reviews and signifies approval within the department such as but not limited to inter office memoranda, external communications, permits for OB, OT, Leave Applications etc.				25%	0		
REGULAR RESPONSIBILITIES-3 Formulates and communicates plans and policies to achieve department's objectives.				25%	0		
REGULAR RESPONSIBILITIES 4 Prepares committee reports and presents it to company Executives and members of the Board of Trustees.				25%	0		
TOTAL				100%	0		



PART IV: DEVELOPMENTAL AREAS

Competency Gap (Areas for Improvement)	Strategic Development Plan	Target Date	Remarks

PART V: OVERALL ASSESSMENT:

DESCRIPTIVE SCALE:

PART I	KEY RESULT AREAS (Total Weighted Score x 40%)	0	5.00	5 -	OUTSTANDING
PART II	VALUES-BASED BEHAVIORS (Total Weighted Score x 40%)	0	4.00-4.99	4> -	ABOVE AVERAGE
PART III	DAILY RESPONSIBILITIES (Total Weighted Score x 20%)	0	3.00-3.99	3> -	AVERAGE
OVERALL RATING		0	1.00-2.99	<3 -	NEEDS IMPROVEMENT

<i>Rater's Signature over printed name:</i>		<i>Ratee's Signature over printed name:</i>	
_____	_____	_____	_____
Signature over printed name	Date	Signature over printed name	Date

President & CEO

Signature over printed name Date

-----PLEASE ACCOMPLISH UNTIL THIS PORTION ONLY-----

OVERALL RECOMMENDATION

Type of Evaluation

- | | | |
|--|--|--|
| <input type="checkbox"/> Regularization | <input type="checkbox"/> Promotion | <input type="checkbox"/> Routine Annual Evaluation |
| <input type="checkbox"/> Yes, recommended for regularization | <input type="checkbox"/> Yes, recommended for promotion | <input type="checkbox"/> Subject for Performance Improvement Program (PIP) |
| <input type="checkbox"/> No, recommended for end of contract | <input type="checkbox"/> No, recommended for reinstatement to old position | <input type="checkbox"/> Passed annual performance standards |

Recommended by:

Approved by:

_____	_____	_____	_____
Department Head	Date	General Manager/ RO	Date

Recorded by:

HR Representative Date

HRD's Remarks:

- Not applicable - 2nd month evaluation only
- For endorsement to PERCOM/ MANCOM
- Others _____