

REPUBLIC OF KENYA



**THE COUNTY GOVERNMENT OF KISUMU**

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Staff Performance Appraisal Report

CGK/HRM/GN/38B

*(For Officers on Job Group 'G' and below in the County Public Service)*



## PREAMBLE

1. The overall objective of the Performance Appraisal System (PAS) is to manage and improve performance in the Public Service by enabling a higher level of staff participation and involvement in planning, delivery and evaluation of work performance.
2. The PAS is a component of Performance Management System in the Civil Service and integrates work planning, target setting, performance reporting and feedback.
3. This appraisal form will be completed by officers in job group G and below in the Civil Service. It is expected that both the Appraisee and the Supervisor will read the Guide to the Performance Appraisal System prior to embarking on the actual appraisal. The form shall be filled in duplicate and distributed after the evaluation process as follows:
  - Original to the county Public Service Board
  - Duplicate to Appraisee's personal file; and
  - Triplicate to be retained by the Appraisee

**Note: In the event that an officer has other offices they report to, the officer will be required to complete additional forms that each office will retain a copy)**

## STEPS FOR COMPLETING THE PERFORMANCE APPRAISAL FORM

Section 1 (i-iv):	The Section will be completed by the Appraisee.
Section 2:	The Section is to be completed by the Appraisee in consultation with the Supervisor at the beginning of the appraisal period
Section 3(a):	<ol style="list-style-type: none"> <li>(i) The column on agreed performance targets will be completed by the Appraisee in consultation with the Supervisor</li> <li>(ii) The column on performance indicators shall be completed by the Appraisee in consultation with the Supervisor at the beginning of the appraisal period</li> <li>(iii) The column on results achieved shall be completed by the Supervisor in consultation with the Appraisee at the end of the appraisal period</li> <li>(iv) The column on performance appraisal is to be completed by the Supervisor at the end of the appraisal period using the rating scale provided. Performance of each target will be scored and the total recorded. A mean score will be calculated and recorded as the appraisal score</li> </ol>
Section 3(b):	The appraisal score of the <b>previous year</b> will be completed by the Supervisor at the beginning of the appraisal period
Section 4a:	<ol style="list-style-type: none"> <li>(i) The column on Appraisee's training and development needs will be completed by the Appraisee as agreed with the Supervisor</li> <li>(ii) The column on duration of training will be completed by the Appraisee in consultation with the Supervisor</li> <li>(iii) The column on comments shall be filled by both the Appraisee and Supervisor at the end of the appraisal period</li> </ol>

	(iv) The Appraiser and the Supervisor shall be required to sign the form after setting the performance targets
Section 4b:	The section shall be completed by the Head of the Section at the beginning of the appraisal period after discussion with the Supervisor (where applicable)
Section 5:	The section is to be completed by the Supervisor at the of end of the appraisal period after discussion with the Appraiser
Section 6a:	The section is to be completed by the Supervisor after discussion with the Appraiser
Section 6b:	<ul style="list-style-type: none"> <li>(i) The column on targets changed/added is to be completed by the Supervisor in consultation with the Appraiser during the mid year review</li> <li>(ii) The column on performance indicator and proof of performance will be completed by the Supervisor in consultation with the Appraiser during the mid year staff performance review.</li> <li>(iii) The column on results achieved shall be completed by the Supervisor in consultation with the Appraiser at the end of the appraisal period</li> </ul>
Section 7	The section shall be completed by the Appraiser during performance evaluation
Section 8	The section will be completed by the Head of the Section (where applicable) at the end of the performance appraisal period
Section 9	The section will be completed by the Supervisor and the recommendation submitted to the Ministerial Performance Management Committee for deliberation and recommendation. Approval shall be granted by the Authorized Officer.



**STAFF PERFORMANCE APPRAISAL REPORT**

**Period under Review: From .....** **To .....**

**SECTION 1: Personal Particulars**

**(i)** Name ..... Personal No. ....  
(Surname, First Name, Others)

**(ii)** Department .....  
Directorate ..... Unit .....  
Duty Station .....

**(iii)** Current Designation ..... Terms of Service .....  
Job Group ..... With effect from .....

**(iv)** Supervisor Name ..... Designation .....

**SECTION 2: Section Functions**

List the Section’s Priority functions from which Performance Targets will be derived.

- 1.
- 2.
- 3.

**SECTION 3(a): Performance Targets**

Agreed Performance Targets <i>(To be completed by the Appraisee as agreed with the Supervisor at the beginning of the appraisal period)</i>	Performance Indicators/Proof of Performance <i>(To be completed by the Appraisee in consultation with the Supervisor at the beginning of the appraisal period)</i>	To be completed by the Supervisor at the end of the Appraisal period	
		Results achieved	Performance Appraisal <i>(See rating scale)</i>
1.			
2.			
3.			
4.			
5.			
6.			
<b>Total Score on performance targets</b>			
<b>Mean Score /Appraisal score (%)</b>			
<b>3(b): Appraisal score for the previous year (%)</b>			

**Rating Scale:** The following rating should be used to indicate the level of performance by an Appraisee.

<b>Achievement of Performance Targets</b>		
All Performance Targets consistently exceeded	Excellent	101% -130%
All Performance Targets fully met	Very Good	100%
Some Performance Targets fully met	Good	80 - 99%
Performance Targets partially met	Fair	50 - 79%
Performance Targets not met	Poor	0 – 49%

**Supervisor’s comments on performance**

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**Appraisee's comments on performance**

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**SECTION 4(a): Staff Training and Development Plan**

Appraisee's training and development needs <i>(To be completed by the Appraisee as agreed with the Supervisor at the beginning of the appraisal period)</i>	Duration of training including on the job training	Comments on staff training and development undertaken over the appraisal period <i>(To be completed at the end of the reporting period)</i>	
		Comments by Appraisee	Comments by Supervisor

**Appraisee's Signature** ..... **Date** .....

**Supervisor's Signature** ..... **Date** .....

**4 (b) Head of Section's comments on targets set by the Appraisee and the Supervisor.**  
*(Confirm whether the targets in section 3 are specific, measurable, agreed, realistic and have a timeline)*

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**Head of Section's Name**.....**Signature**.....**Date**.....

**SECTION 5: Values and Staff Competences Appraisal**

This section will be completed by the Supervisor after discussion with the Appraisee. The Supervisor and Appraisee should however discuss the values at the beginning of appraisal period. The definitions of values/competences are as stated in the Guide. The Supervisor should comment on each of the values and competences listed below:

**5: Values and Core Competencies****(i) Values**

Values	Excellent	V. Good	Good	Fair	Poor	Comments
Integrity						
Respect for National /Gender Diversity						
Transparency Accountability						
Fairness, Equity & Social Justice						
Confidentiality						

**(ii) Core Competencies**

Core Competencies	Excellent	V. Good	Good	Fair	Poor	Comments
Customer /Citizen Focus						
Professionalism						
Technical Competency						
Communication						
Team work						
Time Management						
Continuous Learning and Performance Improvement						

**Section 6(a): Mid Year Staff Performance Appraisal**

This section should be completed by the Supervisor after discussion with the Appraisee. *(Comments on the Appraisee's performance including achievements, milestones and any constraints experienced over the first half of the reporting period).*

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**6(b) Targets varied Mid Year**

Targets changed or added as agreed during mid year performance Review	Performance Indicators/Proof of Performance <i>(To be completed by Appraisee during mid year review)</i>	To be completed by the Supervisor at the end of the appraisal period	
		Results achieved	Performance Appraisal by the Supervisor <i>(See rating scale)</i>
1.			
2.			
3.			

Appraisee's Name.....Signature.....Date.....

Supervisor's Name ..... Signature ..... Date .....

**Note:** *In the event of an Appraisee's transfer, promotion, redeployment or assignment of other duties other than those specified at the beginning of the appraisal period, the Appraisee's performance shall be assessed on a pro-rata basis.*

**SECTION 7: Appraisee's Comments on Appraisal by the Supervisor** *(tick as appropriate)*  
 (To be completed at the end of the appraisal period)

(i) Did performance related discussions with your supervisor take place during the reporting period ?  Yes  No

(ii) Did the discussions help you?  Yes  No

(iii) Are you satisfied with the performance ratings awarded by your Supervisor  
 Yes  No

If No .Please give your reasons for dissatisfaction (Appraisee will be required to attach proof

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**General Comments** ( if any) on the overall performance

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iv) Comments on your immediate supervisors contribution to your achievements



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Appraisee's Signature.....Date.....

**SECTION 8: Comments by the Head of Unit**

Comments on the consistency and reasonableness of the comments given by the Supervisor and any significant statements made by the Appraisee

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Head of Unit's Name: .....

Designation: ..... Signature ..... Date .....

**Section 9: Recommended Reward or Sanction**

a) **Rewards** (*Refer to the guidelines*)

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(b) **Sanctions** (*Sanctions should be in accordance with the current service regulation*)

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(c) **Other recommended interventions (specify)**

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Supervisor's Name.....Signature.....Date.....

**(d) Recommendation to the Authorized Officer by the Department Performance Management Committee**

**Minute No:** .....

**Meeting:** .....

**Signed:**

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**Chairperson**

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**Date**

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**Secretary**

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**Date**

Approved/ Not Approved by **CHIEF OFFICER /AUTHORIZED OFFICER**

Any other comments by the Authorized Officer

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**Signed** .....

**Date** .....