PERFORMANCE APPRAISAL

PERSONAL DETAILS

NAME: _____ PERIOD OF REVIEW: _____

JOB TITLE: _____ DATE OF JOINING: _____

LOCATION: _____ DATE OF BIRTH: _____

EXPERIENCE WITH TCG _____ TOTAL EXPERIENCE INCL TCG _____

EMPLOYEE'S PERFORMANCE (self appraisal)

Objective / Task

- _____
- _____
- _____

1= Excellent
2= Very Good
3= Good
4= Adequate
5= Weak

To circle rating. Reason for rating must be given

CATEGORIES	RATING BY EMPLOYEE	REASONS FOR RATING
Objective / Task		
Quality	1 2 3 4 5	
Speed / Pace	1 2 3 4 5	
Work Method/Planning	1 2 3 4 5	
Problem Solving	1 2 3 4 5	
Performance Factor		
Job/ Technical Skill	1 2 3 4 5	
Co-ordination	1 2 3 4 5	
Communication Skill	1 2 3 4 5	
Team Working	1 2 3 4 5	
Initiative/Enthusiasm/ Dependability	1 2 3 4 5	
Overall	1 2 3 4 5	

COMPLAINTS /SUGGESTIONS BY EMPLOYEE

- _____
- _____

Signature of Employee

CATEGORIES	RATING BY EMPLOYEE	REASONS FOR RATING
Objective / Task		
Quality	1 2 3 4 5	
Speed / Pace	1 2 3 4 5	
Work Method/Planning	1 2 3 4 5	
Problem Solving	1 2 3 4 5	
Performance Factor		
Job/ Technical Skill	1 2 3 4 5	
Co-ordination	1 2 3 4 5	
Communication Skill	1 2 3 4 5	
Team Working	1 2 3 4 5	
Initiative/Enthusiasm/ Dependability	1 2 3 4 5	
Overall	1 2 3 4 5	

REVIEW / COMMENTS BY FINANCE HEAD

- _____
- _____
- _____

Signature of Finance Head