



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE D
HALF-YEARLY REVIEW FORM (SEPTEMBER)

Purpose: To review, summarize and develop the work performance off all employees.

(Following completion of this form, a copy must be forwarded to the Section: EPMDS.)

NAME:	SUPERVISORS NAME:		
EMPLOYEES RANK:	COMPONENT:		
DATE OF REVIEW:	EMPLOYEES SALARY LEVEL:	Persal No.:	

A. KEY RESULT AREAS (KRAs) (Rate all the KRAs included in the performance agreement)

Ensure KRA's and Weights are reflected the same as what appears on the Performance Agreement

KRAs	Generic Assessment Factors.	Weighting	Own Assessment (1-4)	Supervisor's assessment (1-4)
1.				
2.				
3.				
4.				
5.				
TOTAL		100 %		

Employee: Date: Supervisor/Manager: Date:

NOTE: WEIGHTING OF KRAs MUST TOTAL 100%

This rating is based on my personal knowledge and observation of the employees performance. This rating has been discussed with me..

B1. DEVELOPMENTAL AREAS

Specify areas in which the employee was developed as indicated in the Performance Agreement , if not developed, state reasons why and specify dates when will this take place. **(Must be completed)**

B2. IMPACT ON DEVELOPMENTAL AREA/TRAINING **(Complete if the employee was trained as per PA)**

Specify areas in which the employee was developed as indicated in the Performance Agreement , provide details on impact of training.

D. MANAGING UNSATISFACTORY PERFORMANCE **(Complete if necessary)**

Identify unsatisfactory performance and complete the Performance Improvement Plan (Annexure F) and forward copies to your HR office. (Outline details on part E1 and F1)

Employee: Date: Supervisor/Manager: Date:

E. EMPLOYEE'S COMMENTS (employee required to put a comment)

Signature:	DATE:

F. SUPERVISOR'S COMMENTS (comments required)

Signature:	DATE:

Employee: Date: Supervisor/Manager: Date:

E1. SELF ASSESSMENT AGAINST WORKPLAN

(to be completed providing motivation/action taken for underperformance/above average performance)

Work through each KRA and GAF and assess performance to date in meeting the requirements outlined in the workplan. Note gaps, reasons for the gaps and steps to be taken to address them.

Ask yourself:

- ✓ What did you achieve?
- ✓ What were the constraints that you experienced?
- ✓ What are your areas of strength?
- ✓ What are your areas of weakness?

What do you aim to do about the weaknesses?

To be completed irrespective of satisfactory or not.

SIGNATURE OF EMPLOYEE:

DATE:

Employee: Date: Supervisor/Manager: Date:

F1. PERFORMANCE ASSESSMENT BY REPORTING OFFICER (SUPERVISOR)

(to be completed providing motivation/action taken for underperformance/above average performance)

ACHIEVEMENT IN KEY RESULT AREAS

(Please give your assessment of the extent to which the jobholder has achieved the desired results, and any shortfalls)

To be completed irrespective of satisfactory or not.

Signature of employee:

Date:

Signature of supervisor:

Date:

Employee: Date: Supervisor/Manager: Date: