***ANNEXURE 9/1***

**BHUTAN CHAMBER OF COMMERCE AND INDUSTRY**

**WORK PLANNING AND REVIEW FROM**

**For the period \_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_**

**Name of the Employee: Name of the Manager:**

**Employee CID No:**

**Position Title:**

**Review Date:**

|  |  |  |
| --- | --- | --- |
| These performance outcomes are to be made priorities for the next 6 months jointly by the manager and the employee at the beginning of the work planning cycle. Use the employee’s job description and annual work plan as guidelines. | Each performances output should be reviewed at the end of each 6 months period.  **Review Date: ………….. To …………..** | No rating are required in this review phase, just remarks in relation to how the employee is progressing or not progressing in meeting for each performance outputs. |
| **Expected Performance Output/ Services** | **Remarks of the Employee:** | **Remarks of the Manager and/or Supervisor** |
| **Output I.** |  |  |
| **Output II.** |  |  |
| **Output III.** |  |  |
| **Output IV**. |  |  |
| **Output V.** |  |  |

**(Use additional Sheet if required)**

**IDENTIFICATION OF CORE COMPETENCIES**

The core competencies are the special skills/qualities required to satisfactorily fulfill the roles and responsibilities of the position. It is expected that the manager and the employee jointly identify three core competencies relevant to the employee’s position in addition to the three, which are prefixed.

|  |  |
| --- | --- |
| **Sl.** | **Agreed Core Competencies** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |

**(Signature of the Employee) (Signature of the Supervisor)**

***ANNEXURE 9/2***

**BHUTAN CHAMBER OF COMMERCE AND INDUSTRY**

**SUMMATIVE PERFORMANCE REVIEW FORM**

**For the period \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_**

**Employee / Manager Information**

|  |
| --- |
| **Name of the Employee:**  **Employee CID No:**  **Position Title:**  **Position Level:**  **Major Occupation Group:**  **Name of the Manager:**  **Position Title of the Manager:** |
| **Process**: In the first instance, the employee is to complete the Summative Review Form as best they can with reference to the Work Planning and Review Forms.  Performance Outputs and Core Competencies are to be listed/described and a “Self rating” given along with supplementary information where necessary. **Note: Under Performance Outputs, a separate rating is required for both the “quality” and “quality” section.** When complete, the form is then submitted to their manager. The manager and employee is then arranged to discuss the Summative Review Form in more detail and finalize ratings. The ‘final rating’ is to be approved and written down by the Manager. |

**SUMMATIVE PERFORMANCE REVIEW FORM (continued)**

**RATINGS ON PERFORMANCE FACTORS**

**(Use additional sheets if required**)

|  |  |  |  |
| --- | --- | --- | --- |
| *(Rating should pertain to Performance outputs as outlined in Work Planning and Review Forms. Add additional outputs as necessary)* | | **Employee self-rating** | **Final rating (Manager)** |
| **PERFORMANCE OUT PUT 1:** | Quality of Work: |  |  |
| Quantity of Work: |  |  |
| **PERFORMANCE OUT PUT 2:** | Quality of Work: |  |  |
| Quantity of Work: |  |  |
| **PERFORMANCE OUT PUT 3:** | Quality of Work: |  |  |
| Quantity of Work: |  |  |
| **PERFORMANCE OUT PUT 4:** | Quality of Work: |  |  |
| Quantity of Work: |  |  |
| **PERFORMANCE OUTPUT 5:** | Quality of Work: |  |  |
| Quantity of Work : |  |  |
| **PERFORMANCE OUTPUT 6:** | Quality of Work: |  |  |
| Quantity of Work : |  |  |
| **PERFORMANCE OUTPUT 7:** | Quality of Work: |  |  |
| Quantity of Work: |  |  |
| Divide ‘Total final Rating’ by  Number of individual final ratings= | | **TOTAL FINAL RATING:** |  |
| **AVERAGE RATING (A):** |  |

**(Signature of the Employee) (Signature of the Manager)**

**SUMMATIVE PERFORMANCE REVIEW FORM (continued)**

**RATINGS ON CORE COMPETENCIES**

|  |  |
| --- | --- |
| (To be completed by the Employee) | |
| **Core Competency** | **Comments:** | **Employee Self-rating:** | **Final Rating (Head/ Supervisor )** |
| **1**. **Integrity** |  |  |  |
| **2. Attitude** |  |  |  |
| **3. Punctuality** |  |  |  |
| **4. Job Knowledge & Accountability** |  |  |  |
| **5. Resourcefulness** |  |  |  |
| **6. Ability of Work** |  |  |  |
| Divide ‘Total Final Rating’ by 6 | | **TOTAL FINAL RATING:** |  |
| **AVERAGE RATING (B):** |  |

**(Signature of the Employee) (Signature of the Manager)**

**BHUTAN CHAMBER OF COMMERCE AND INDUSTRY**

**DEVELOPMENT NEED OF THE EMPLOYEE**

|  |
| --- |
| **Comments by the Employee**  (Comment on some of your special achievement and on areas that you need to improve)  **(Signature of the Employee)** |

|  |
| --- |
| **Comments by the Manager:**  (Comment on the special achievements and/or development needs of the employee and suggest some measures to improve the performance of the employee)  **(Signature of the Manager)** |

**THE APPRAISAL MEETING WITH THE EMPLOYEE IS CONCLUDED AT THE POINT.**

**THE HR OFFICIALS SHALL COMPLETE THE FINAL RATINGS CALCULATION BELOW, AND SUBMIT TO HR COMMITTEE.**

|  |
| --- |
| **FINAL RATINGS CALCULATION:**  Average Rating (A):\_\_\_\_\_\_\_\_X\_\_\_60% Weight age=  +Average Rating (B)\_\_\_\_\_\_\_\_X\_\_\_40% Weight age = , Final Rating (C):   * Calculation: (A x 0.6) + (B x 0.4) =C   If C=[tick appropriate box to confirm Final Rating and associated Performance increment (PI]:   * 3.50 – 4.00 Outstanding (2 PI) 1.50 – 2.49 Good (1 PI) * 2.50 – 3.49 Very Good (1 PI) 0 – 1.49 Improvement Needed (0 PI)   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name and Signature of Manager Approval by Head of Agency** |

|  |
| --- |
| **Comments by the Head of Agency:**  ***(****Comments on the general performance and potential of the employee)*  **(Name and Signature of Head of Agency)** |

***ANNEXURE 9/3***

**PERFORMANCE APPRAISAL FORM FOR OPERATIONAL CATEGORIES**

**For the Period: …………………… to ………………………….**

**Name of the Employee: Name of the Manager:**

**Employee CID No:**

**Position Title:**

**Review Date:**

|  |  |  |
| --- | --- | --- |
| **Core Competency** | **Final Rating (Supervisor)** | **Comments** |
| **1**. **Integrity** |  |  |
| **2. Attitude** |  |  |
| **3. Punctuality** |  |  |
| **4. Job Knowledge & Accountability** |  |  |
| **5. Resourcefulness** |  |  |
| **6. Ability of Work** |  |  |
| Divide ‘Total Final Rating’ by 6 | |  |
|  |

**(Signature of the Employee) (Signature of the Supervisor)**

**FEEDBACK FORM**

To be completed by the immediate subordinate for those holding executive, managerial and formal supervisory position

|  |  |
| --- | --- |
| Name of the employee whom the feedback is for |  |
| Employee Position Title |  |
| Citizenship ID No: |  |
| Name of the Supervisor/ Head: |  |
| Supervisor/ Head position Title : |  |
| Agency / Department: |  |
| Date : |  |

THIS FEEDBACK WILL BE KEPT ANONYMOUS. YOU ARE REQUESTED TO PROVIDE HONEST AND CONSTRUCTIVE COMMENTS ON THE EMPLOYEES OVERALL PERFORMANCE AND MANAGEMENT STYLE/PRACTICE.

1. LIST ONE OR MORE THINGS YOU WOULD LIKE YOUR HEAD/ SUPERVISOR TO STOP DOING :
2. LIST ONE OR MORE THINGS YOU WOULD LIKE YOUR HEAD/ SUPERVISOR TO CONTINUE DOING:
3. LIST ONE OR MORE THINGS YOU WOULD LIKE YOUR HEAD/ SUPERVISOR TO START DOING:
4. LIST ONE OR MORE THINGS YOUR HEAD/ SUPERVISOR TO COULD DO BETTER:
5. ON A SCALE OF 1(LOWEST) TO 5(HIGHEST), RATE YOUR HEAD/ SUPERVISOR ON:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl.** | **Attitude** | **Scale (tick)** | | | | |
| **5** | **4** | **3** | **2** | **1** |
| 1 | Leadership |  |  |  |  |  |
| 2 | Ethics/ Character |  |  |  |  |  |
| 3 | Integrity |  |  |  |  |  |
| 4 | Professionalism |  |  |  |  |  |
| 5 | Accountability |  |  |  |  |  |

5= Excellent 4= very Good 3= Good 2= Fair 1= Poor