**Annexure 7/3**

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| **Individual Work Planning Form** |
| **Administrative and Technical Staff** |
| **Section A: Staff Details** |  |  |  |  |  |  |  |
| APPRAISAL PERIOD:  |  |  |  |  |  |  |  |  |
| SID NUMBER: |  |  |  |  |  |  |  |  |
| NAME OF THE STAFF:  |  |  |  |  |  |  |  |  |
| POSITION TITLE: |  |  |  |  | POSITION LEVEL: |  |  |
| DIVISION:  |  |  |  |  | COLLEGE/DEPARTMENT: |  |  |
| **SECTION B: Performance Assessment (80%)** |  |  |  |  |  |  |
| **College/OVC/Section Outputs** | **Activities**  |  **Target Value** | **Target Achieved specified by individual** | **Staff’s Feedback/comment/justification** | **Final Score by Supervisor** |
|  |  | **Outstanding**  **(4)** | **Very Good (3)** | **Good (2)** | **Need Improvement (1/0)** |  |  |  |
| 1. ……. | 1. 1……… |  |  |  |  |  |  |  |
|  | 1.2. …….. |  |  |  |  |  |  |  |
| 2. ………. | 2.1……… |  |  |  |  |  |  |  |
|  | 2.2……… |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | **Total**  |  |  |
|  |  |  |  |  |  |  |  | **Final Score**  | **Total/No. of activities =…………** |