

() PARISH/TOWN COUNCIL

ANNUAL STAFF APPRAISAL FORM

NAME OF EMPLOYEE POST HELD DATE OF APPOINTMENT REPORT FOR PERIOD	
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Current Job Purpose of Job Description of duties Targets

DETAILED ASSESSMENT OF PERFORMANCE OF DUTIES

- Markings
- A Well above the performance expected
 - B Consistently above the acceptable standard of the grade
 - C Generally achieves the acceptable standard of the grade.
Meets all the requirements of the job
 - D Not quite up to an acceptable standard, shows some
general weaknesses
 - E Consistently below the acceptable standard
 - F Performance well below the expected level

(It should be noted the marking are an optional element depending upon the "type" of scheme a council wishes to adopt.)

1 Knowledge of Duties (Comments here)	A	B	C	D	E	F
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 Quality of Work	A	B	C	D	E	F
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 Quantity of Work	A	B	C	D	E	F
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 Relations With Others	A	B	C	D	E	F
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 Communication Skills	A	B	C	D	E	F
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 Manual/Numeric/Operational skills (where applicable)	A	B	C	D	E	F
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7 Supervision/Oversight of Staff (where applicable)	A	B	C	D	E	F
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTENDANCE and any specific factors affecting overall performance

Training and Qualifications

OVERALL ASSESSMENT	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Not Acceptable
Strengths		
Weaknesses		

Signature of Appraising Manager/Appraiser:	
Appraising Manager/ Appraiser:	
Length of time Appraising:	
Position Held:	
Date:	

ADDITIONAL COMMENTS	
Signature of Countersigning Manager (if any)	
Date:	

NOTES OF COUNSELLING INTERVIEW (including appraisee's responses)

Interests and career aspirations

Comments (include here any out of line potential)

ACTION PLAN

Including action to be taken to improve performance on current job and specific development and training action by:

- | | |
|---------------------------|-------------|
| 1. the appraisee | target date |
| 2. the Appraising Manager | target date |
| 3. external sources | target date |

Appraisee's signature – I have been offered the facility to see this report and I agree that the above is an accurate record of the views exchanged in the counselling interview

Signature

Signature of Appraising Manager