**PERFORMANCE APPRAISAL FORM FOR**

**OPERATIONAL CATEGORY**

**For the period:…………..to……………**

**Agency:**

**Name of the Employee:**

**Employee ID No:**

**Position Title:**

**Name of the Supervisor:**

|  |  |  |
| --- | --- | --- |
| **Core Competencies** | **Ratings (Supervisor)** | **Comments** |
| 1. Integrity |  |  |
| 1. Attitude |  |  |
| 1. Punctual |  |  |
| 1. Courtesy |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** |  |  |
| **Average Rating**  *(for average rating, divide the “Total” by 7)* |  |  |

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