



KWAZULU-NATAL DEPARTMENT OF EDUCATION

ANNEXURE E: HALF-YEARLY REVIEW FORM

HALF-YEARLY REVIEW FORM

**Purpose:** To review the work performance of all employees.

**(Following completion of this form, a copy must be forwarded to Section / Directorate Performance Management.)**

<b>NAME:</b>	<b>SUPERVISOR:</b>	
<b>JOB TITLE:</b>	<b>COMPONENT:</b>	
<b>DATE OF REVIEW:</b>	<b>SALARY LEVEL:</b>	<b>PERSAL NO:</b>

**A. KEY RESULT AREAS (KRAs)**

(Rate all the KRAs included in the performance agreement)

KRAs	Weighting	Own Assessment (1-4)	Supervisor's Assessment (1-4)	Provisional Assessment (1-4)
1.				
2.				
3.				
4.				
5.				
<b>TOTAL</b>	<b>100 %</b>			

**NOTE: WEIGHTING OF KRAs MUST TOTAL 100%**

This rating is based on my personal knowledge and observation of the employee's performance.

Supervisor/Project Leader ..... Date:.....

This rating has been discussed with me.

Employee ..... Date:.....

**B. GENERIC ASSESSMENT FACTORS (GAFs):**

(List the GAFs below agreed to in the performance agreement and rate them as embedded in each KRA)

Generic Assessment Factors	Competent (Yes/No)	Generic Assessment Factors	Competent (Yes/No)
<b>GAF1:</b> Job knowledge		<b>GAF9:</b> Flexibility	
<b>GAF2:</b> Technical skills		<b>GAF10:</b> Teamwork	
<b>GAF3:</b> Acceptance of responsibility		<b>GAF11:</b> Planning and execution	
<b>GAF4:</b> Quality of work		<b>GAF12:</b> Leadership	
<b>GAF5:</b> Reliability		<b>GAF13:</b> Delegation and empowerment	
<b>GAF6:</b> Initiative		<b>GAF14:</b> Management of financial resources	
<b>GAF7:</b> Communication		<b>GAF15:</b> Management of human resources	
<b>GAF8:</b> Interpersonal relationships			

**NOTE: GAFS ARE NOT WEIGHTED OR RATED****C. DEVELOPMENTAL AREAS**

Specify areas in which the employee was developed as indicated in the Performance Agreement and Personal Development Plan, if not developed, state reasons why and specify dates when will this take place.

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This rating is based on my personal knowledge and observation of the employee's performance.

Supervisor..... Date: .....

This rating has been discussed with me

Employee ..... Date .....

#### D. CONSEQUENCE MANAGEMENT (managing unsatisfactory performance)

Identify unsatisfactory performance and state actions taken or to be taken by when and by whom.

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**E. EMPLOYEE'S COMMENTS** (may include obstacles encountered and overcome) if applicable

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

## F

### F.1 SUPERVISOR'S COMMENTS

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_