



# **COUNTY GOVERNMENT OF NYERI**

## **COUNTY PUBLIC SERVICE BOARD**

### **Staff Performance Appraisal Form**

*(For officers on Job Group 'J' and above in the Public Service)*

***FY 24/25***



**PREAMBLE**

1. The Staff Performance Appraisal System (SPAS) is a component of Performance Management System in the County Public Service integrating employee participation through work planning, target setting and execution, evaluation, feedback and reporting.
2. This appraisal report will be completed by officers in Job Group ‘J’ and above and equivalent grades in the public service. Officers in Job Group “H” and below will complete a separate appraisal report.
3. The Appraisee and the Supervisor should read the SPAS guidelines prior to embarking on the actual appraisal.
4. The Appraisee and the supervisor will set Specific Measurable Achievable Realistic Time-bound (SMART) targets aligned to the Departmental / Directorate / Division / Section / Unit objectives as indicated in the annual work plan.
5. The supervisor and appraisee shall discuss and agree on the performance evaluation and rating at the end of the appraisal period.
6. The completed SPAS report shall be submitted to the Head of HRM at the end of the appraisal period for deliberation by the Performance Management Unit.
7. The Performance Management Unit Report shall be submitted to the County Public Service Board at the end of the appraisal period.
8. Rating Scale: The following rating shall be used to indicate the level of performance by an Appraisee (Performance rating scores shall be based on verifiable evidence)

| Achievement of Performance Targets                                 | Rating Scale |               |
|--------------------------------------------------------------------|--------------|---------------|
| Achievement higher than 100% of the agreed performance targets.    | Excellent    | 101% +        |
| Achievement up to 100% of the agreed performance targets.          | Very Good    | 100%          |
| Achievement between 80% and 99% of the agreed performance targets. | Good         | 80% - 99%     |
| Achievement between 60% and 79% of the agreed performance targets. | Fair         | 60% - 79%     |
| Achievement up to 59% of the agreed performance targets.           | Poor         | 59% and Below |

9. Where the Appraisee is not satisfied with the SPAS evaluation, he/she may appeal to the MPMC / CHRAC as provided in the SPAS guidelines.

**STAFF PERFORMANCE APPRAISAL REPORT****Performance Appraisal Period:** From..... To.....**Section 1: Employment Details**

- (i) Personal No..... Surname.....  
First Name..... Other Names.....
- (ii) Designation..... Terms of Service.....
- (iii) Job Group / Salary Scale / Pay Grade. ....
- (iv) Department.....
- (v) Directorate / Division.....  
Section / Unit.....  
Duty Station.....
- (vi) Immediate Supervisor's Name.....

**Section 2 (a): Directorates priorities**

1. ....
2. ....
3. ....
4. ....
5. ....
6. ....

Individual Performance Targets derived from the Departmental / Directorate / Division / Section / Unit / Supervisor's Work Plan

|                                            | <b>(A) Agreed Performance Targets</b>                                                                       | <b>(B) Performance Indicator(s)</b> | <b>(C) Achieved results in line with the performance indicator</b>                                        | <b>(D) Performance Appraisal Score (See Rating Scale)</b> |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
|                                            | (To be completed by the Appraisee in consultation with Supervisor at the beginning of the appraisal period) |                                     | (To be completed by the Supervisor in consultation with the Appraisee at the end of the appraisal period) |                                                           |
| 1.                                         |                                                                                                             |                                     |                                                                                                           |                                                           |
| 2.                                         |                                                                                                             |                                     |                                                                                                           |                                                           |
| 3.                                         |                                                                                                             |                                     |                                                                                                           |                                                           |
| 4.                                         |                                                                                                             |                                     |                                                                                                           |                                                           |
| 5.                                         |                                                                                                             |                                     |                                                                                                           |                                                           |
| 6.                                         |                                                                                                             |                                     |                                                                                                           |                                                           |
| 7.                                         |                                                                                                             |                                     |                                                                                                           |                                                           |
| Total Appraisal Score on Appraisal Targets |                                                                                                             |                                     |                                                                                                           |                                                           |
| Mean Appraisal Score (%)                   |                                                                                                             |                                     |                                                                                                           |                                                           |

**Section 2(b): Staff Training and Development Needs**

Appraisee's training and development needs in order of priority as identified by the appraisee and supervisor based on performance gaps

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**Section 2(c): To be signed at the beginning of the appraisal period**

Appraisee and management commitment to achieve the agreed performance targets.

Name of Appraisee ..... Personal No. ....

Signature ..... Date .....

Immediate Supervisor's Name ..... Personal No. ....

Signature ..... Date .....

**Section 3 (a): Mid-Year Review**

|    | <b>Agreed Performance Targets</b> | <b>Performance Indicator(s)</b> | <b>Target Changed or Added</b>                                          | <b>Remarks (Indicate Level of Achievement)</b> |
|----|-----------------------------------|---------------------------------|-------------------------------------------------------------------------|------------------------------------------------|
|    |                                   |                                 | <b>To be completed by the Supervisor in consultation with Appraisee</b> |                                                |
| 1. |                                   |                                 |                                                                         |                                                |
| 2. |                                   |                                 |                                                                         |                                                |
| 3. |                                   |                                 |                                                                         |                                                |
| 4. |                                   |                                 |                                                                         |                                                |
| 5. |                                   |                                 |                                                                         |                                                |
| 6. |                                   |                                 |                                                                         |                                                |
| 7. |                                   |                                 |                                                                         |                                                |

Immediate Supervisor's Name ..... Personal No. ....

Signature ..... Date .....

**Section 3(b): Appraiser’s Comments on Performance and Additional Assignments**

(i) Appraiser’s Comments on Performance indicating any mitigating factors

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(ii) Additional Assignments *(if any)*

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Appraiser’s Signature ..... Date .....

**Section 4: Supervisor’s comments**

Supervisor’s comments on appraiser’s performance at the end of the year

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Supervisor’s comments on any factors that affected appraiser’s performance

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Does the appraisee requires to be put on a performance improvement plan / programme

Yes    [    ]    No    [    ]

If Yes, Please indicate the type performance improvement plan / programme

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Immediate Supervisor’s Name..... PF. No. ....

Signature ..... Date .....

**Remarks by the Chief Officer *(at the end of the Appraisal Period)***

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Chief Officer’s Name.....

Signature ..... Date .....

**Section 6:** Recommendation of rewards or sanctions to the County Public Service Board by the Performance Management Unit:

- (i) Reward type (Bonus, Commendation letter etc.)  
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- (ii) Other interventions (Counseling, Training and Development, etc.)  
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- (iii) Sanction (Warning, Separation, etc.)  
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Minute No..... Meeting held on .....

**Signed:**

Chairperson: Name.....

Signature..... Date: .....

Secretary: Name.....

Signature..... Date: .....

**Section 6: Approval County Public Service Board**

Approved / Not Approved .....

Signed: By CPSB Secretary Signature: ..... Date: .....