



**Tanzania Mentors Action (TMA)**

HQ office Dodoma, Plot no 92, Itega Kizota , Tel +255 735850950,

Dar Branch Office, Plot no 1486, Msasani Peninsula, P.O.BOX 105006, Dar Es Salaam. Tel +255 222600412/3, Email: [info@tma.or.tz](mailto:info@tma.or.tz), Website: [www.tma.or.tz](http://www.tma.or.tz)

**ANNUAL PERFORMANCE APPRAISAL FORM**

Date:

Employee Name:
Position Title:
Project:
Name of Adm. Supervisor:
Review Period Covered:
Date of Review Meeting:

**SECTION A: EMPLOYEE REFLECTION ON HIS/HER DUTIES AND RESPONSIBILITIES**

To be completed by an employee at the close of the end of the year

1. Answer the following by checking the appropriate box:	3 = Strongly	2 = Agree	1 = Disagree
a. He/ She know the responsibilities of his/her job.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. He/ She know what his/her benefits are.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. He/ She know who his/her supervisor is and what his/her responsibilities are.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. He/ She feel free to openly discuss issues with his/her supervisor.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. He/ She feel his/her workload is appropriate.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. He/ She always know what his/her daily and weekly activities are.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. He/ She feels to be part of a productive work team.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

h. He/ She know the vision and mission of the project.	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. He/ She know the organizational structure of the project	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. He/ She has adequate skills and training to do his/her job.	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION B: RECOMMENDATION**

Actions to be taken:

- Recommend to extend his contract for another year
- Recommend for written or oral warning to the staff
- Recommend ending employment agreement.

**Recommendation Summary:**

**SIGNATURES**

This performance appraisal has been held by the administrative supervisor and acknowledge this employee with the indicated performance evaluation.

\_\_\_\_\_  
 Administrative Supervisor Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date