



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, Website: www.tma.or.tz

ANNUAL PERFORMANCE APPRAISAL FORM

Date: _____

Employee Name:
Position Title:
Project:
Name of Colleague:
Review Period Covered:
Date of Review Meeting:

SECTION A: EMPLOYEE REFLECTION BY THE COLLEAGUE ON DAILY ACTIVITIES

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

Answer the following by checking the appropriate box:

Whether or not he/she has the following	3 = Strongly	2 = Agree	1 = Disagree
1. Communication Skills.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Time Management	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Problem Solving.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Punctuality	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Innovation and Creativity.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Leadership.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Good interpersonal skills	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B: RECOMMENDATION

Recommendation Summary:

SIGNATURES

This performance appraisal has been held by (name) and
acknowledge this colleague with the indicated performance evaluation.

Colleague Signature

Date