



Tanzania Mentors Action (TMA)

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ANNUAL PERFORMANCE APPRAISAL FORM

Date: _____

Employee Name:
Position Title:
Project:
Name of Technical Supervisor :
Name of Administrative Supervisor:
Review Period Covered:
Date of Review Meeting:

SECTION A: SUMMARY OF OBJECTIVES AGREED FOR THE YEAR BY RESULT AREAS

SN	Priority objectives	Results Attained
01		
02		
03		
04		

05		
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SECTION B: 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. I know the responsibilities of my job.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I know what my benefits are.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I know who my supervisor is and what his/her responsibilities are.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I feel I can openly discuss issues with my supervisor.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I feel my workload is appropriate.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I always know what my daily and weekly activities are.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I feel that I am part of a productive work team.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I know the vision and mission of the project.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I know the organizational structure of the project	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I have adequate skills and training to do my job.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>			
2. What have been your most important achievements and contributions during the year?			
i. What goals do you wish you had accomplished during the year, but did not?			

ii. In what other major projects and activities did you participate in during the year?

Recommendation Summary:

SIGNATURES

I declare the above filled information to be true to the best of my knowledge and reflect the overall annual performance of my duties and responsibilities in the employment.

Employee Signature

Date