CONFIDENTIAL

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
HEALTH

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TO: DEPUTY DIRECTORS GENERAL,
CHIEF DIRECTORS,
DISTRICT EXECUTIVE MANAGERS,
DIRECTORS,
CHIEF EXECUTIVE OFFICERS,
HEADS OF INSTITUTIONS AND VERTICAL PROGRAMMES

DEPARTMENTAL CIRCULAR NO. -22- OF 2022

RE: SUBMISSION OF ANNUAL PERFORMANCE ASSESSMENT FOR EMPLOYEES ON SALARY LEVEL 2-12 FOR FINANCIAL YEAR 2021/2022.

1. All employees from salary level 2-12 are reminded to conduct Annual Performance Assessment for financial year 2021/2022 and submit to the PMDS Unit by not later than **31 May 2022.** You are expected to use the template marked Annexure C as stipulated in the PMDS Policy and Regulations.

2. **Performance Assessment should be conducted objectively, consistently and fairly based on the following elements:**

   a) Assess the employee's performance according to his/her performance agreement and work plan during the period under review and allocate performance ratings

   b) Give recognition to the employee for good performance rendered during the review or evaluation period

   c) **Recognise other significant outputs that were delivered during this period which are not contained in the performance plan** and/or performance which he/she regards as being meritorious

   d) Identify performance areas which have been identified as being not fully effective

e) Allow the employee opportunity to give his/her input during the session

f) Review or evaluate the employee's performance agreement and work plan, for validity

g) An indicative rating on the rating scale must be provided for each KRA.

h) This rating must be multiplied by the weighting given to the KRA during the contracting process, to provide a score

i) ***Written substantive motivation must be provided where the overall final assessment rating is more than a 3.***

j) ***Motivation must be provided per KRA with rating of more than a 3***

3. You are requested to bring the contents of this circular to the attention of all employees.

HEAD OF DEPARTMENT
DR MHLONGO FT

05 May, 2022

DATE

ANNEXURE C

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Vision: Long and healthy life for people in Limpopo
Mission: The Department is committed to provide quality health care service that is accessible, comprehensive, integrate, Sustainable and affordable

PERFORMANCE ASSESSMENT REVIEW
ANNUAL PERFORMANCE ASSESSMENT (01 April 2021 to 31 March 2022)

Of
(SUPERVISEE)

CONDUCTED BY

(SUPERVISOR)

For the period 01 APRIL 2021 to 31 March 2022.

JOBHOLDER'S DETAILS

Name :

Persal Number :

Job Title :

Component :

Salary Level :

Notch :

Date of entry to current salary level:

ANNEXURE C

FORMAL PERFORMANCE ASSESSMENT

PERFORMANCE PERIOD: 01 April 2021 to 31 March 2022

MOTIVATION BY JOBHOLDER

(To be completed by the jobholder, prior to the assessment process. If the space provided is insufficient, additional motivation must be included as an attachment)

1. During this performance assessment period, my major achievements / accomplishments as they relate to my Performance Agreement were:

KRA	MAJOR ACHIEVEMENTS

2. During this performance assessment period, I have achieved / accomplished the following, which was/were not part of my Performance Agreement:
   -
   -
3. During this performance assessment period, I was less successful in the following areas, which formed part of my Performance Agreement, for the reasons stated:
   - None

ANNEXURE C

PERFORMANCE OUTPUT						
KEY RESULTS AREA (As per the Performance Agreement)	GENERIC ASSESSMENT FACTORS (GAFs) (As per the Performance Agreement)	WEIGHT OF KRAs (In %) (As per the Performance Agreement)	JOBHOLDERS RATING 1-4	SUPERVISORS RATING 1-4	DECISION OF SUPERVISOR (after discussion between supervisor and jobholder)	
					PAR SCORE (Agreed Score)	PERFORMANCE REPORT (Reason to justify the relating allocated)
1.		%				
2.		%				
3.		%				
4.		%				
5.		%				
6.		%				
SUB-TOTAL		100%				

(Please note that all ratings allocated are still subjected to moderation)

Supervisee : _____

Signature : _____

Date : _____

Supervisor : _____

Signature : _____

Date : _____

ANNEXURE C

ANNUAL PERFORMANCE ASSESSMENT	OUTCOME SCORE IN % AS PER CALCULATOR
ASSESSMENT OUTCOME (Annual Assessment: 01 April to 31 March)	%
RATING AS PER CALCULATOR	

	PERFORMANCE CATEGORY	TOTAL SCORE
1	Not Effective	0% - 66%
2	Partial Effective	67% - 99%
3	Fully Effective	100%-119%
4	Highly Effective	120%-133%

Supervisee : _____

Signature : _____

Date : _____

Supervisor : _____

Signature : _____

Date : _____

ANNEXURE C

AGREEMENT TO ASSESSMENT:

JOBHOLDER	SUPERVISOR
I acknowledge that my supervisor and I have discussed the performance and I ☐ AGREE WITH THE ASSESSMENT ☐ DO NOT AGREE WITH ASSESSMENT (If in disagreement please provide and attach written reasons) For the period: **01 April 2021 to 31 March2022** Name: Signature: _____ Date: _____	I acknowledge that I have discussed the official's performance with him and that the assessment is a true reflection of his / her performance of the period **01 April 2021 to 31 March2022** COMMENTS: _____ _____ Name: Signature: _____ Date: _____