

# JOB AID

**PERFORMANCE APPRAISAL FORMS (PA-01, PA-02 & PA-03)**

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## Individual Goal setting forms process:

### Step 1: Enter the Employee Name & Number

<b>Individual Goal Setting Form Template PA 01</b>			
Employee Name:	x	Employee no:	11
Division:		Department:	
Position Title:		Grade:	
Location:		Appraisal Period From:	To:
Others:			


### Step 2: Select the Division from the drop down

<b>Individual Goal Setting Form Template PA 01</b>			
Employee Name:	x	Employee no:	11
Division:		Department:	
Position Title:	<div style="border: 1px solid black; padding: 2px;"> Corporate Division </div>	Grade:	
Location:	<div style="border: 1px solid black; padding: 2px;"> Finance and Procurement Division  Human Resources and Administration Division  Information Technology Division  Logistics Division  Quality and Risk Management Division  Sales and Marketing Division  SMSA Freight Division </div>	Appraisal Period From:	To:
Others:			

### Step 3: Select the Department


<b>Individual Goal Setting Form Template PA 01</b>			
Employee Name:	x	Employee no:	11
Division:	Transportation Operations Division	Department:	
Position Title:		Grade:	<div style="border: 1px solid black; padding: 2px;"> Fleet Department  Gateway and Clearance Department </div>
Location:		Appraisal Period From:	<div style="border: 1px solid black; padding: 2px;"> Hub and Linehaul Department  Planning and Engineering Department  Transportation Operations Management </div>
Others:			

#### Step 4: Select the Position Title


 <b>Individual Goal Setting Form Template PA 01</b>			
Employee Name:	x	Employee no:	11
Division:	Transportation Operations Division	Department:	Gateway and Clearance Department
Position Title:		Grade:	
Location:	<div> <div>Clearance Agent</div> <div>Clearance Coordinator</div> <div>Clearance Manager</div> <div>Clearance Supervisor</div> <div>Customs Liaison Manager</div> <div>Forklift Operator</div> <div>Gateway Supervisor</div> <div>Handler</div> </div>	Appraisal Period From:	To:
Others:		KPIs	

#### Step 5: Select the Appraisal Period:


- Existing employees from 1<sup>st</sup> Jan 20xx to 31 Dec 20xx
- For New employees (For the particular financial period) from Date of join to 31 Dec 20xx

 <b>Individual Goal Setting Form Template PA 01</b>			
Employee Name:		Employee no:	
Division:		Department:	
Position Title:		Grade:	
Location:		Appraisal Period From:	To:
Others:			


#### Step 6: Type the Key Performance Indicators (KPI) Details:

 <b>Individual Goal Setting Form Template PA 01</b>			
Employee Name:		Employee no:	
Division:		Department:	
Position Title:		Grade:	
Location:		Appraisal Period From:	To:
Others:			
Key Performance Indicators (KPIs)			
	Performance Objectives	Performance Measures	Weightage
1	Targeted Objective ( <b>Dept KPI/JD</b> ) to be achieved for the particular financial year	Related supporting source for the measure of Targeted Objective ( <b>Dept KPI/JD</b> )	Assigned weight for achieving the objective
2			
3			
4			
5			


**Step 7: Select the Technical Competencies (As mentioned in the Job Description)** (NOT Required for Middle & Senior Management level)

 <b>Individual Goal Setting Form</b> <b>Template PA 01</b>				
Employee Name:		Employee no:		
Division:		Department:		
Position Title:		Grade:		
Location:		Appraisal Period From:		To:
Others:				
<b>Competencies</b>				
Functional /Technical Competencies (NOT Required for Middle & Senior Management level )		Required Position Competency Level	Required Level	
1	MS Office (Excel, word, powerpoint, visio, outlook) Knowledge			
2	SMSA System (IP telephony, CORE, ERP, SDM, INFINITY, SPOT, POS, ...)			
3	Language Proficiency knowledge(English)			
4	Language Proficiency knowledge(Arabic)			
	Compliance Management Knowledge			
	Database Management Knowledge			
	Investigation Knowledge			
	Learning & Development Knowledge			


**Step 8: Select the Technical Competencies required level (As mentioned in the Job Description)** (NOT Required for Middle & Senior Management level)

 <b>Individual Goal Setting Form</b> <b>Template PA 01</b>				
Employee Name:		Employee no:		
Division:		Department:		
Position Title:		Grade:		
Location:		Appraisal Period From:		To:
Others:				
<b>Competencies</b>				
Functional /Technical Competencies (NOT Required for Middle & Senior Management level )		Required Position Competency Level	Required Level	
1				
2		Beginner		
		Intermediate		
3		Advanced		

**Step 9: Select the Behavioral Competencies (As mentioned in the Job Description)**

 <b>Individual Goal Setting Form Template PA 01</b>		
Professional / Behavioral Competencies	Required Position Competency Level	Required Level
1		Please refer to Position Job description in the GUIDE
2		
3		
4		
5		
6		
7		
8		
9		

**Step 10: Select Behavioral Competencies required level (As mentioned in the Job Description)**

 <b>Individual Goal Setting Form Template PA 01</b>		
Professional / Behavioral Competencies	Required Position Competency Level	Required Level
1		Please refer to Position Job description in the GUIDE
2		
3		
4		
5		
6		
7		
8		
9		

## Employee Performance Review Process:

### Step 1: Enter the Employee Name & Number (As mentioned in the goal setting)

<b>Employee Performance Review</b>					
Employee Name:	x	Employee no:	11		
Division:		Department:			
Position Title:		Grade:			
Location:		Appraisal Period	From:		To:
Review (MID YEAR / END YEAR)					
<b>A) Performance Objectives:</b>					
Performance Objectives	Assigned Weight	Percentage of Actual Target Achieved	Actual % of weightage achieved (For PAS)	Actual % of weightage achieved (For Incentive)	

### Step 2: Select the Division from the drop down (As mentioned in the goal setting)

<b>Employee Performance Review</b>					
Employee Name:	x	Employee no:	11		
Division:		Department:			
Position Title:	<div style="border: 1px solid black; padding: 2px;"> CORP EOPS FD HRA IT LOG MRM OPS </div>	Grade:			
Location:		Appraisal Period	From:		To:
Review (MID YEAR / END YEAR)					
<b>A) Performance Objectives:</b>					
Performance Objectives	Assigned Weight	Percentage of Actual Target Achieved	Actual % of weightage achieved (For PAS)	Actual % of weightage achieved (For Incentive)	

### Step 3: Select the Department (As mentioned in the goal setting)

<b>Employee Performance Review</b>					
Employee Name:	x	Employee no:	11		
Division:	OPS	Department:			
Position Title:		Grade:	<div style="border: 1px solid black; padding: 2px;"> OPS - GW - Gateway Clearance - Airports  OPS - GW - Gateway Management  OPS - HUB - Hub Maintenance  OPS - HUB - Hub Management  OPS - HUB - Hub Processing - Combined  OPS - HUB - Hub Processing - Priority  OPS - LH - Line Haul - Domestic Combined  OPS - LH - Line Haul - Domestic Deferred </div>		
Location:		Appraisal Period	From:		To:
Review (MID YEAR / END YEAR)					
<b>A) Performance Objectives:</b>					
Performance Objectives	Assigned Weight	Percentage of Actual Target Achieved	Actual % of weightage achieved (For PAS)	Actual % of weightage achieved (For Incentive)	

**Step 4: Select the Position Title (As mentioned in the goal setting)**

Employee Performance Review					
Employee Name:	x		Employee no:	11	
Division:	OPS		Department:	OPS - LH - Line Haul - Domestic Combined	
Position Title:			Grade:		
Location:	Fleet Coordinator Heavy Duty Driver - Combined		Appraisal Period	From:	To:
Review (MID YEAR / END YEAR)					
A) Performance Objectives:					
Performance Objectives			Assigned Weight	Percentage of Actual Target Achieved	Actual % of weightage achieved (For PAS) Actual % of weightage achieved (For Incentive)

**Step 5: Select the Appraisal Period: (As mentioned in the goal setting)**

Employee Performance Review					
Employee Name:	x		Employee no:	11	
Division:	OPS		Department:	OPS - LH - Line Haul - Domestic Combined	
Position Title:			Grade:		
Location:			Appraisal Period	From:	To:
Review (MID YEAR / END YEAR)					
A) Performance Objectives:					
Performance Objectives			Assigned Weight	Percentage of Actual Target Achieved	Actual % of weightage achieved (For PAS) Actual % of weightage achieved (For Incentive)

**Step 6: Select the Appraisal Period: (As mentioned in the goal setting)**

Employee Performance Review					
Employee Name:	x		Employee no:	11	
Division:	OPS		Department:	OPS - LH - Line Haul - Domestic Combined	
Position Title:			Grade:		
Location:			Appraisal Period	From:	To:
Review (MID YEAR / END YEAR)					
A) Performance Objectives:					
Performance Objectives			Assigned Weight	Percentage of Actual Target Achieved	Actual % of weightage achieved (For PAS) Actual % of weightage achieved (For Incentive)
1					0
2					0.00

Targeted Objective (Dept KPI/JD) to be achieved for the particular financial year (As mentioned in the Goal setting)


Assigned weight for achieving the objective (As mentioned in the Goal setting)

Achieved Target for the particular financial year




## Competency Review forms process:( Middle Managers Competency form)


### Step 1: Enter the Employee Name & Number (As mentioned in the goal setting)

 Middle Management Competencies Review PA-03-01					
Employee Name:	x	Employee no:	11		
Division:		Department:			
Position Title:		Grade:			
Location:		Appraisal Period	From:		To:

### Step 2: Select the Division from the drop down (As mentioned in the goal setting)

 Middle Management Competencies Review PA-03-01					
Employee Name:	x	Employee no:	11		
Division:		Department:			
Position Title:		Grade:			
Location:		Appraisal Period	From:		To:

### Step 3: Select the Department (As mentioned in the goal setting)

 Middle Management Competencies Review PA-03-01					
Employee Name:	x	Employee no:	11		
Division:	OPS	Department:			
Position Title:		Grade:			
Location:		Appraisal Period	From:		To:

**Step 4: Select the Position Title (As mentioned in the goal setting)**

Middle Management Competencies Review PA-03-01					
Employee Name:	x		Employee no:	11	
Division:	OPS		Department:	OPS - HUB - Hub Processing - Priority	
Position Title:			Grade:		
Location:	<div> <div>Courier - Cold Chain Services</div> <div>Courier Priority - LHL</div> <div>Data Encoder - Hub</div> <div>Export Coordinator - Express</div> <div>Heavy Duty Driver - Priority</div> <div>Manager - Hub, Linehaul Gateway</div> <div>Supervisor - Hub Linehaul</div> </div>		Appraisal Period	From:	To:
Competencies:					


**Step 5: Select the Behavioral Competencies (As mentioned in the goal setting)**

Middle Management Competencies Review PA-03-01					
Employee Name:			Employee no:		
Division:			Department:		
Position Title:			Grade:		
Location:			Appraisal Period	From:	To:
<b>Competencies:</b>					
	Behavioral Competencies	Required Position Competency Level	Employee Competency Level	Failure remark on non achieve of the target level (If the rating is 1- Poor Performance or 2-Below Expectations the justificationn has to be written)	Rating Scale
1					1. Poor Performance
2	Adaptability				
3	Continuous Learning				
4	Communication				
5	Organizational & Environmental Awareness				
6	Creative Thinking				
	Networking/Relationship building				
	Conflict Management				
	Resource Management				


**Step 6: Select the Required Position Competency Level (As mentioned in the goal setting)**

Middle Management Competencies Review PA-03-01					
Employee Name:			Employee no:		
Division:			Department:		
Position Title:			Grade:		
Location:			Appraisal Period	From:	To:
<b>Competencies:</b>					
	Behavioral Competencies	Required Position Competency Level	Employee Competency Level	Failure remark on non achieve of the target level (If the rating is 1- Poor Performance or 2-Below Expectations the justificationn has to be written)	Rating Scale
1					1. Poor Performance 2. Below Expectations
2		Level 1			
3		Level 2			
4		Level 3			
5		Level 4			
6		Level 5			
7					

**Step 7: Mention Employee Competency Level (As per Rating Scale highlighted)**

 <b>Middle Management Competencies Review PA-03-01</b>					
Employee Name:		Employee no:			
Division:		Department:			
Position Title:		Grade:			
Location:		Appraisal Period	From:	To:	
<b>Competencies:</b>					
	Behavioral Competencies	Required Position Competency Level	Employee Competency Level	Failure remark on non achieve of the target level (If the rating is 1- Poor Performance or 2-Below Expectations the justificationn has to be written)	Rating Scale
1					<b>1. Poor Performance</b> <b>2. Below Expectations</b> <b>3. Meets Expectation</b> <b>4. Exceeds Expectation</b> <b>5. Outstanding</b>
2					
3					
4					
5					
6					
7					
8					
<b>Total Behavioural Competencies Result</b>					<b>0.00</b>

**Step 8: If the evaluation of competency level is 1(Poor Performance) or 2 (Below Expectations), Then you have to mention the Failure reason/ criteria as per behavioral dictionary levels** **Note: if the failure reason /remark is not mentioned in the column then the total results will show error figure**

 <b>Middle Management Competencies Review PA-03-01</b>					
Employee Name:		Employee no:			
Division:		Department:			
Position Title:		Grade:			
Location:		Appraisal Period	From:	To:	
<b>Competencies:</b>					
	Behavioral Competencies	Required Position Competency Level	Employee Competency Level	Failure remark on non achieve of the target level (If the rating is 1- Poor Performance or 2-Below Expectations the justificationn has to be written)	Rating Scale
1			2		<b>1. Poor Performance</b> <b>2. Below Expectations</b> <b>3. Meets Expectation</b> <b>4. Exceeds Expectation</b> <b>5. Outstanding</b>
2			1		
3			3		
4					
5					
6					
7					
8					
<b>Total Behavioural Competencies Result</b>					<b>Error</b> <small>**Should be filled Failure</small>

## Competency Review forms process: (Staff, Specialist & Supervisors Competency form)

### Step 1: Enter Employee Name & Number

SMST Staff, Specialist and Supervisors Competencies Review PA-02-01				
Employee Name:	x	Employee no:	11	
Division:		Department:		
Position Title:		Grade:		
Location:		Appraisal Period	From:	To:

### Step 2: Select Division from the drop down

SMST Staff, Specialist and Supervisors Competencies Review PA-02-01				
Employee Name:	x	Employee no:	11	
Division:		Department:		
Position Title:	CORP	Grade:		
Location:	EOPS FD HRA IT LOG MRM OPS	Appraisal Period	From:	To:
Competencies:		Employee Competency Level	Failure remark on non achieve of the target level (If the rating is 1- Poor Performance or 2-Below Expectations the justificationn has to be written)	Rating Scale
A.1	Technical Co			


### Step 3: Select Department

SMST Staff, Specialist and Supervisors Competencies Review PA-02-01				
Employee Name:	x	Employee no:	11	
Division:	OPS	Department:		
Position Title:		Grade:		
Location:		Appraisal Period	From:	To:
Competencies:		Employee Competency Level	Failure remark on level (If the rating is 1- Poor Performance or 2-Below Expectation	
A.1	Technical Competencies	Required Position Competency Level		


### Step 4: Select Position Title

SMST Staff, Specialist and Supervisors Competencies Review PA-02-01				
Employee Name:	x	Employee no:	11	
Division:	OPS	Department:	OPS - STN - Pickup Delivery - Priority	
Position Title:		Grade:		
Location:	Courier - Priority - EXP Courier - RSC Dispatcher - Priority Handler - Station Operations Agent - Station UTL - Agent	Appraisal Period	From:	To:
Competencies:		Employee Competency Level	Failure remark on non achieve of the target level (If the rating is 1- Poor Performance or 2-Below Expectations the justificationn has to be written)	Rating Scale
A.1	Technical Co			


### Step 5: Select Technical Competencies (As mentioned in the goal setting)

 <b>Staff ,Specialist and Supervisors Competencies Review PA-02-01</b>						
1	Employee Name:		x	Employee no:		11
2	Division:		OPS	Department:		OPS - STN - Pickup Delivery - Priority
3	Position Title:			Grade:		
4	Location:			Appraisal Period	From:	To:
5	<b>Competencies:</b>					
6	A.1	Technical Competencies	Required Position Competency Level	Employee Competency Level	Failure remark on non achive of the target level (If the rating is 1- Poor Performance or 2-Below Expectations the justificationn has to be written)	Rating Scale
7	1	MS Office (Excel, word, powerpoint visio, outlook) Knowledge				<b>1. Poor Performance</b> <b>2. Below Expectations</b> <b>3. Meets Expectation</b> <b>4. Exceeds Expectation</b> <b>5. Outstanding</b>
8	2	SMSA System (COSMOS, CORE, ERP, SDM, SAM, INFINITY, SPOT)				
9	3	Language Proficiency knowledge(English)				
10	4	Language Proficiency knowledge(Arabic)				
11	5	Compliance Management Knowledge				
12	6	Database Management Knowledge				
13	7	Investigation Knowledge				
14	8	Learning & Development Knowledge				


### Step 6: Select Required Position Competency Level (As mentioned in the goal setting)

 <b>Staff ,Specialist and Supervisors Competencies Review PA-02-01</b>						
Employee Name:		x		Employee no:		11
Division:		OPS		Department:		OPS - STN - Pickup Delivery - Priority
Position Title:				Grade:		
Location:				Appraisal Period	From:	To:
<b>Competencies:</b>						
A.1	Technical Competencies	Required Position Competency Level	Employee Competency Level	Failure remark on non achive of the target level (If the rating is 1- Poor Performance or 2-Below Expectations the justificationn has to be written)		Rating Scale
1						<b>1. Poor Performance</b> <b>2. Below Expectations</b>
2		Beginner				
3		Intermediate				
4		Advanced				

### Step 7: Mention Employee Competency Level (As per Rating Scale highlighted)

 <b>Staff ,Specialist and Supervisors Competencies Review PA-02-01</b>						
Employee Name:		x		Employee no:		11
Division:		OPS		Department:		OPS - STN - Pickup Delivery - Priority
Position Title:				Grade:		
Location:				Appraisal Period	From:	To:
<b>Competencies:</b>						
A.1	Technical Competencies	Required Position Competency Level	Employee Competency Level	Failure remark on non achive of the target level (If the rating is 1- Poor Performance or 2-Below Expectations the justificationn has to be written)		Rating Scale
1						<b>1. Poor Performance</b> <b>2. Below Expectations</b> <b>3. Meets Expectation</b> <b>4. Exceeds Expectation</b> <b>5. Outstanding</b>
2						
3						
4						
5						
6						
7						
8						

**Step 8: If the evaluation of competency level is 1(Poor Performance) or 2 (Below Expectations), Then you have to mention the Failure reason/ criteria as per technical dictionary levels** **Note: if the failure reason /remark is not mentioned in the column then the total results will show error figure**

 <b>Staff ,Specialist and Supervisors Competencies Review PA-02-01</b>					
Employee Name:		x	Employee no:		11
Division:		OPS	Department:		OPS - STN - Pickup Delivery - Priority
Position Title:			Grade:		
Location:			Appraisal Period		From: To:
<b>Competencies:</b>					
A.1	Technical Competencies	Required Position Competency Level	Employee Competency Level	Failure remark on non achive of the target level (If the rating is 1- Poor Performance or 2-Below Expectations the justificationn has to be written)	Rating Scale
1			2		1. Poor Performance 2. Below Expectations 3. Meets Expectation 4. Exceeds Expectation 5. Outstanding
2			1		
3					
4					
5					
6					
7					
8					
<b>Total Technical Competencies Result</b>					<b>Error</b> **Should be filled Failure

**Step 9: Select the Behavioral Competencies (As mentioned in the goal setting)**

A.2	Behavioral Competencies	Required Position Competency Level	Employee Competency Level	Failure remark on non achive of the target level (If the rating is 1- Poor Performance or 2-Below Expectations the justificationn has to be written)	Rating Scale
1					1. Poor Performance 2. Below Expectations 3. Meets Expectation 4. Exceeds Expectation 5. Outstanding
2	Adaptability				
3	Continuous Learning				
4	Communication				
5	Organizational & Environmental Awareness				
6	Creative Thinking				
7	Networking/Relationship building				
8	Conflict Management				
9	Resource Management				

**Step 10: Select the Required Position Competency Level (As mentioned in the goal setting)**

A.2	Behavioral Competencies	Required Position Competency Level	Employee Competency Level	Failure remark on non achive of the target level (If the rating is 1- Poor Performance or 2-Below Expectations the justificationn has to be written)	Rating Scale
1					1. Poor Performance 2. Below Expectations 3. Meets Expectation 4. Exceeds Expectation 5. Outstanding
2		Level 1			
3		Level 2			
4		Level 3			
5		Level 4			
6		Level 5			
7					
8					
9					
<b>Total Behavioural Competencies Result</b>					<b>0.00</b>

**Step 11: Mention the Employee Competency Level (As per Rating Scale highlighted)**

A.2	Behavioral Competencies	Required Position Competency Level	Employee Competency Level	Failure remark on non achive of the target level (If the rating is 1- Poor Performance or 2-Below Expectations the justificationn has to be written)	Rating Scale
1					1. Poor Performance 2. Below Expectations 3. Meets Expectation 4. Exceeds Expectation 5. Outstanding
2					
3					
4					
5					
6					
7					
8					
9					
Total Behavioural Competencies Result				0.00	

**Step 12: If the evaluation of competency level is 1(Poor Performance) or 2 (Below Expectations), Then you have to mention the Failure reason/ criteria as per behavioral dictionary levels** **Note: if the failure reason /remark is not mentioned in the column then the total results will show error figure**

A.2	Behavioral Competencies	Required Position Competency Level	Employee Competency Level	Failure remark on non achive of the target level (If the rating is 1- Poor Performance or 2-Below Expectations the justificationn has to be written)	Rating Scale
1			1		1. Poor Performance 2. Below Expectations 3. Meets Expectation 4. Exceeds Expectation 5. Outstanding
2			2		
3					
4					
5					
6					
7					
8					
9					
Total Behavioural Competencies Result				Error	**Should be filled Failure

## Remarks & Comments

Note: Kindly refer the <u>Job aid</u> in GUIDE (Doc #:3118) before you fill All the below sections)					
Areas of Strength			Areas of Development		
1			2		
Career Path Requirement :					
If the employee ready for the next position level, please recommend the job title (position will be filled subject to the availability)					
3					
Long term evaluation : (Please fill the below only if the training attended <u>NOT</u> added value)					
Attended Training Name			Area/s not added value		
4					
Individual Training Recommendation (Recommend Training Courses /Modules Based on achieved performance results)					
Name of the Course/Module				Recommended date (DD/MM/YYYY)	
5					
Interested Parties Review : (Please fill the below only if there is any feedback identified during the year by Interested parties)					
Type of Interested Party Internal/External	Name of the Interested Party	Feedback given			
Supervisor's Comments: (Required)		Employee's Comments:			
7		8			
Approvals:					
Employee's Name:		Signature:		Date:	
Direct Report/Manager Name:		Signature:		Date:	
Performance Management section use only:					
Compliance Checked & Verified by					
Employee Name:		Signature:		Date:	

### 1. Strength of the employee:

Eg: The staff work always with the positive attitude  
 Able to deliver assigned tasks on time  
 Knows how to prioritize one task over the other  
 Works well with the team

### 2. Area of development of the employee:

Eg: Needs to develop analytical skills and choose the best way to deal with the situations.  
 Spends too much time focusing on less important aspects of daily job.  
 Needs to improve on how to deal with challenges and changes



Communication must be more clear, concise & focused.

### 3. Career path of the employee:

Based on the appraisal results recommended position of the next level (This may occur as part of the [performance appraisal](#) process and takes into account the interests, knowledge and skills of the employee. Additional education, training or work assignments may be planned as mechanisms to qualify employees for subsequent roles within his career path.) & based on the availability of the position.

### 4. Attended training feedback (Long term evaluation):

Based on the training attended by employees (Table will be provided to concern managers) the direct manager (Who fills the appraisal) has to mention the **Attended Training Name & Area/s not added value, ONLY if the training attended NOT added value.**

### 5. Training needs of the employees:

Based on the appraisal results recommended trainings & date for the employee

Name of the Course /Module	Recommended Date (DD/MM/YYYY)
Eg: Training on customer relations	01/03/2023
Eg: Training on Time Management	15/04/2023

### 6. Interested Parties evaluation:

Interested Parties Review : (Please fill the below only if there is any feedback identified during the year by Interested parties)		
Type of Interested Party Internal/External	Name of the Interested Party	Feedback given
Internal	Eg:Department (HR)/ (OPS)	
External	Eg:Customer (X company)	

**Note:** The interested parties to be selected from Identification of Interested parties document in GUIDE & this has to be filled **ONLY if there is any feedback from Interested Parties**

### 7. Supervisor's comments:

× Inappropriate Comments	✓ Appropriate Comments
He/She is a very bad employee	Employee Needs to improve his / her attitude and focus more on the assigned tasks.
He/She is too impatient	Needs to be more patience while performing day to day assignments.
Bad communication	Employee Needs to be improving listening skills and focus more on developing oral and written communication skills.
He/She is a terrible performer	It could be more effective if he/she focused on performing the tasks assigned.

### 8. Comments of the employees:

It should be relevant to the appraisal without any assumptions