

WORLD HEALTH ORGANIZATION

PROBATIONARY PERFORMANCE APPRAISAL REPORT

SELF - APPRAISAL ON WORK PERFORMED BY STAFF MEMBER

List, in order of importance, the main duties or activities you have carried out during appraisal period, with reference to your post description - and, for professional staff, your planned activities (attach additional pages if needed):

1. What functions, if any, in addition to the tasks listed in your post description (all staff) and planned activities (professional staff) did you perform?

2. If applicable, give reasons why you were unable to perform any of the tasks listed in your post description and/or planned activities:

Date	Name	Signature
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PERFORMANCE APPRAISAL BY FIRST LEVEL SUPERVISOR

Evaluation of performance is based on a review of:

- Post description dated ----- which
- reflects adequately present post duties and responsibilities
- needs revision - new description on form WHO.8I attached/will follow
- Planned activities - for professional staff

I agree I agree in part I do not agree

with the above self-appraisal of work performed by the staff member

Comments:

2.2 Quality of contribution

Very good Good Needs
Improvement

1. Technical competence required for the post
2. Accuracy
3. Thoroughness
4. Ability to solve problems
5. Acceptance of responsibilities
6. Initiative

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Comments, examples, aspects for improvement:

2.3 Organization of work and quantitative contribution

With respect to his/her own work output, the staff member

1. has organized his/her work efficiently: yes no in part not applicable
2. has completed his/her work as planned: yes no not always not applicable
3. has reported on time on his/her work: yes no not always not applicable

4. Comments, examples, aspects for improvements:

2.4 1. International Adjustment

The staff member has adjusted to international service (and to expatriation, if applicable):

1. Successfully
2. Unsuccessfully
3. To a degree
4. Improvement needed

2. Comments, examples, aspects for improvement:

2.5

Conduct, working relations with others

Very good Good Needs Improvement

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. With you, his/her supervisor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. With his/her colleagues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. With government officials, public, other outside WHO (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Comments, examples, aspects for improvement:

2.6

Linguistic skills

- The staff member's knowledge of languages in relation to requirement of the post are adequate
- Need improvement in respect of (mention the language)

Comments (if applicable):

2.7

Management skills (for supervisors only)

- | | Very good | Good | Needs Improvement | | Very good | Good | Needs Improvement |
|-----------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Planning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Staff motivation and development | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Coordination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Delegation of responsibilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Work control and evaluation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments, examples, aspects for improvement:

2.8

Overall comments on staff member's performance: (attach additional pages if needed)

3. **PLANNED ACTIVITIES FOR THE NEXT PERIOD** (for professional staff only)

Planned activities for the next period have been will be developed in consultation with the staff member

4. **PROBATION ADVICE AND WITHIN - GRADE SALARY INCREASE**

As this staff member has now completed the required period of probation, I recommend, in view of the appraisal I have made above,

- confirmation of appointment and granting of within-grade salary increase.
- extension of probation for a period of _____ months, in order to permit adequate evaluation of this staff member's services, and a withholding of the within-grade increase for the same period.
- extension of probation for a period of _____ months as this staff member's services have not been satisfactory, and a withholding of the within-grade increase for the same period.
- non-confirmation of appointment under Staff Rule 1060, as this staff member's services have not been satisfactory. (A WHO.80 for termination of the appointment is submitted separately.)

5. **SIGNATURE OF FIRST LEVEL SUPERVISOR AS REGARDES PARTS 2, 3 AND 4 ABOVE**

Date	Name and Title	Signature
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6. **REVIEW BY STAFF MEMBER**

I have reviewed this appraisal report with my supervisor and

- have no comments to add
- would state the following (attach additional pages if needed):

Date	Signature
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7. **COMMENTS BY SECOND LEVEL SUPERVISOR**

Date	Name and Title	Signature
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8. **Comments under 7 noted by staff member: Initials of staff member _____ or Copy of completed report sent to staff member:** 9. **Approval by authorized official of recommendation in Part 4 above regarding end-of-probation-period (see Manual II.5.80):**10. **Seen: Personnel Officer**

Date: