**PMDS TEMPLATES FOR LEVELS 1-12**

**EASTERN CAPE PROVINCIAL GOVERNMENT**

**DEPARTMENT:**

**SECTION:**

**STANDARDS FRAMEWORK AGREEMENT BETWEEN**

**NAME OF EMPLYER**

**AND**

**NAME OF EMPLOYEE**

**PERIOD OF AGREEMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Standards Framework Agreement**

**ENTERED INTO BY AND BETWEEN:**

The Department of **\_\_\_\_\_\_\_\_\_** herein represented by; **\_\_\_\_\_\_\_\_\_\_\_\_\_** (supervisor:full name) in her/his capacity as **\_\_\_\_\_\_\_\_\_\_** (position) of the Department, (herein referred to as the Employer)

**And**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Employee:full name) as the **\_\_\_\_\_\_\_\_\_\_\_** (position) of the Department; (herein referred to as the Employee)

**WHEREBY IT IS AGREED AS FOLLOWS:**

**1. Purpose**

1.1. The purpose of entering into this agreement is to communicate to the Employee the performance expectations of the Employer.

1.2. The performance agreement and accompanying work plan shall be used as the basis for assessing the suitability of the Employee for permanent employment (if on probation); and to assess whether the Employee has met the performance expectations applicable to his/her job. In the event that the Employee has significantly exceeded the performance expectations, he/she may qualify for appropriate rewards. Details are outlined in the Department’s Performance Management and Development System.

1.3. Should any non-agreement arise between the Employer and the Employee in respect of matters regulated by this agreement, the process outlined in the PMDS Policy should be followed. If this process fails, the employee may apply the formal grievance rules of the Public Service (published in Government Notice R1012 of 25 July 2003).

**2. Validity of the Agreement**

2.1. The agreement will be valid for the period **\_\_\_\_\_\_\_\_**to **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

2.2. The content of the agreement may be revised at any time during the above-mentioned period to determine the applicability of the matters agreed upon, especially where changes are significant.

2.3. If at any time during the validity of this agreement the work environment of the Department (whether as a result of Government or Management decisions or otherwise), to the extent that the contents of this agreement are no longer appropriate, the contents shall immediately be revised.

**3. Job Details**

**Persal number :**

**Component :**

**Unit :**

**Salary level :**

**Notch (MMS package) :**

**Occupational classification : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Designation :**

**4. Job Purpose**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Reporting Requirements/Lines & Assessment Lines**

5.1. The **Employee ( full name/position)** shall report to the on all parts of this agreement. The Employee shall:

* Timeously alert the Employer (full name/position) of any emerging factors that could preclude the achievement of any performance agreement undertakings, including the contingency measures that she/he proposes to take to ensure the impact of such deviation from the original agreement is minimised.
* Establish and maintain appropriate internal controls and reporting systems in order to meet performance expectations.
* Discuss and thereafter document for the record and future use any revision of targets as necessary as well as progress made towards the achievement of performance agreement measures.

5.2. In turn the Employer (full name/position)shall:

* Meet to provide feedback on performance and to identify areas for development at least four times a year.
* Create an enabling environment to facilitate effective performance by the Employee (full name/position)
* Facilitate access to skills development and capacity building opportunities.
* Work collaboratively to solve problems and generate solutions to common problems within the department that may be impacting on the performance of the Employee.

**6. Performance Assessment Framework**

Performance will be assessed according to the information contained in the WORKPLAN with consideration of utilizing the Generic Assessment Factors (GAFs) framework as skills & attributes in attaining the KRAs.

6.1 The KRAs and GAFs during the period of this agreement shall be as set out in the table below.

6.2 The Employee (full name/position) undertakes to focus and to actively work towards the promotion and implementation of the KRAs within the framework of the laws and regulations governing the Public Service. The specific duties/outputs required under each of the KRAs are outlined in the **attached work plan.**

|  |  |  |
| --- | --- | --- |
| **KRAs** | **GAFS** | **Weight** |
|  |  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  | **100%** |

**NOTE: WEIGHTING OF KRAs MUST TOTAL 100%**

**7. Conditions of Performance**

The Employer shall provide the Employee with the necessary resources and leadership to perform in terms of this agreement. Resource requirements should be outlined in the WORKPLANS of components and individual Employees.

**8. Performance Assessment**

The assessment of an Employee shall be based on her/his performance in relation to the KRAs and GAFs/CMCs and performance indicators, as set out in this PERFORMANCE CONTRACT and attached WORKPLAN.

The performance of the employee in respect of all individual KRAs with consideration of utilizing the GAFs as skills & attributes of attaining the KRAs will be assessed using a 4 point rating scale, i.e.:

**4= PERFORMANCE HIGHLY EFFECTIVE**

**3= FULLY EFFECTIVE**

**2= PERFORMANCE PARTIALL EFFECTIVE**

**1= PERFORMANCE NOT EFFECTIVE**

The total KRA scores are combined to produce an overall performance percentage score with percentage ranges that coincide with the above 4 point assessment scale.

**Employees: KRAs sum up to 100% of the final assessment;**

**9. Feedback**

Performance feedback shall be in writing on the Quarterly Review Form and Annual Review Form, based on the supervisor’s assessment of the employee’s performance in relation to the KRAs and GAFs and standards outlined in this performance agreement and taking into account the Employee’s self-assessment.

**10. Developmental Requirements**

10.1. The Employer and Employee shall agree on the Employee’s key development needs in relation to his/her current job and envisaged career path in the Public Service.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.2. In so far as the above training needs coincide with the Employer’s requirements and taking into account financial realities, the Employer undertakes to expose the Employee to development in these areas. The developmental needs of the Employee shall be reviewed as part of the September Review and the annual assessment of performance.

**11. Timetable and Records of Review Discussions and Annual Assessment**

11.1. First Quarter :

11.2. Second Quarter :

11.3. Third Quarter :

11.4. Fourth Quarter :

11.5 Annual assessment :

**12. Management of Poor Performance Outcomes**

Manager and employee will identify and develop interventions together, to address poor and non-performance at feedback sessions, or any time during the performance cycle.

**13. Dispute Resolution**

13.1. Any dispute about the nature of the employee’s PA, whether it relates to key responsibilities, priorities, methods of assessment and/or salary increment in this agreement, shall be mediated by:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (next person in hierarchy).

13.2. If this mediation fails, the normal grievance rules will apply.

**14. Amendment of Agreement**

Amendments to the agreement shall be in writing and can only be effected after discussion and agreement by both parties. In the case where the amendment of the agreement is justified, the amended agreement must be accompanied by a written motivation explaining the reasons for the change. This motivation must be signed by the supervisor and/or the head of the component and submitted to HRM unit to inform and clarify matters of performance during annual assessments and moderation.

**15. Signatures of Parties to the Agreement**

The contents of this document have been discussed and agreed with the Employee concerned.

**Employee:**

**Full Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AND**

**Supervisor:**

**Full Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work plan for the period**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **OUTPUT** | **KEY ACTIVITIES** | **PERFORMANCE MEASURES** | | **RESOURCE REQUIREMENTS** | | |
| **TARGET DATE** | **PERFORMANCE STANDARD** | **PERSONNEL** | **BUDGET** | **DONOR NEEDS** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Personal Development Plan (PDP)**

**Department :**

**Incumbent :**

**PERSAL Number :**

**Job Title**  **:**

**PURPOSE** **:** To enable the manager and the employee to identify skills development requirements and as a result agree on the steps taken to address those developmental gaps

**Table 1 – Areas of development and formal training**

|  |  |  |  |
| --- | --- | --- | --- |
| **Area Identified For Development** | **Objective Of Development** | **Type Of Intervention (Short Course, Bursary)** | **Quarter Targeted** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Table 2 – Other/ non-formal development**

You may attend an awareness session, seminar or conference within the year that would be a substitute for any of the areas of development.

|  |  |
| --- | --- |
| **Awareness session, seminar, conference, etc attended, or to be attended** | **Type of session, seminar, conference** |
|  |  |

**Table 3 - Impact Assessment**

|  |  |
| --- | --- |
| **Impact Of Development On Work (After Six Months)** | |
| **Employee** | **Supervisor/Manager** |
|  |  |
|  |  |
|  |  |

We, (Employee) and (Supervisor) agree that the above-mentioned areas for development and the type of intervention suggested would be engaged in to achieve the required objective for development. We also understand that due to the operational requirements and budget constraints of the Department (component/unit), it may not be possible to undertake the training and development stated with the type of invention stated and/or within the quarter of the year as stated. There is also an understanding between us that areas for development could be identified throughout the year and that this may change the order of priority and type of invention as stated in the plan.

**Name of Employee** **Name of Supervisor**

**Employee :** **Supervisor :**

**Date :** **Date :**

**PROGRESS REVIEW FOR STANDARDS FRAMEWORK (Salary level 1 -5and some categories of professional staff)**

**Surname : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Persal no. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Directorate/ Division : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of appointment to this post : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Period of report : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **KRAS** | | **GAFS** | **Weighting** | **Comment on performance** | | **Rating** |
| **Self assessment** | **Supervisor** |
|  | |  |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | **Total score for performance** | | | | | **100%** |

**Performance Improvements**

|  |  |
| --- | --- |
| **KRA/ Competency** | **Areas for improvement** |
|  |  |
|  |  |
|  |  |

**Performance Rating (Apply assessment calculator)**

The overall performance is (tick one block only):

|  |  |
| --- | --- |
| 1. Not effective |  |
| 2. Partially effective |  |
| 3. Fully effective |  |
| 4. Commendable |  |

|  |  |
| --- | --- |
| **Accepted** | **Not accepted** |

**Signatures :**

**Employee :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Supervisor :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERFORMANCE ASSESSMENT INSTRUMENT**

**Annual Performance Assessment Instrument**

*The manager must forward the completed form to the Section: People Management for filing immediately after*

*completion.*

***C O N F I D E N T I A L***

Period under review:

Surname and initials:

Job title :

Remuneration Level:

PERSAL No :

Component :

Date of appointment to current remuneration level:

Race: African …... Coloured …… Indian …… White …...

Gender: Male …… Female **..**……

Disability (Specify, if applicable) ……N/A

(Tick the appropriate box)

Probation Extended Probation Permanent Contract

**PART 1 – COMMENTS BY RATED EMPLOYEE**

(To be completed by the Employee prior to assessment. If the space provided is insufficient, the comments can be included in an attachment)

1. During the past year my major accomplishments as they related to my performance agreement were:

2. During the past year I was less successful in the following areas for the reasons stated:

**PART 2 – PERFORMANCE ASSESSMENT**

**Standard Rating Schedule for KRAs**

|  |  |  |
| --- | --- | --- |
| **RATING** | **CATEORY AND SCORE** | **DESCRIPTION** |
| 1 | Not effective  Less than or equal to 66% | Performance does not meet the expected standard for the job. The review or assessment reveals that the jobholder has achieved less than fully effective job results in all or almost all the performance criteria and indicators specified in the Performance Agreement and Workplan. |
| 2 | Partially effective  67%-99% | Performance meets some of the standards expected for the job. The review or assessment indicates that the job holder has achieved less than fully effective results (Partially achieved) against more than half of the performance criteria and indicators as specified in the Performance Agreement and Workplan. |
| 3 | Fully effective  100%-119% | Performance fully meets the standard expected in all areas of the job. The review or assessment indicates that the jobholder has achieved a minimum effective results against all of the performance criteria and indicators as specified in the Performance Agreement and Workplan. |
| 4 | Highly effective  120%-133% | Performance far exceeds the standard expected from a jobholder at this level. The review/assessment indicates that the jobholder has achieved better than fully effective results against more than half/ or in all areas of the performance criteria and indicators as specified in the Performance Agreement and Workplan and maintained this in all areas of responsibility throughout the performance cycle. |

**Rating of KRAs by Supervisor and Employee:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **KEY RESULT AREAS** | **Weight**  **(%)** | **Own rating**  **(1- 4)** | **Supervisor**  **Rating**  **(1- 4)** | **Mod. Com.**  **rating**  **(1- 4)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total** (NOTE : Weighting of KRAs must  total 100%) |  |  |  |  |
| **Score according to calculator:** |  |  |  |  |
|  |  |  |  |  |

**FINAL SCORE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **GRAND TOTAL** | **OWN RATING** | **SUPERVISOR’S**  **RATING** | **MODERATING**  **COM’S RATING** |  |
| KRA 100% for levels |  |  |  |  |
|  |  |  |  |  |

**PART 3 - DEVELOPMENT, TRAINING, COACHING, GUIDANCE AND EXPOSURE NEEDED**

**PART 4**

1. **Supervisor’s recommendation**

**It is recommended that the employee be granted pay progression.**

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**Signature Name Date**

1. **Employee’s comments:**

**I am satisfied with the results.**

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**Signature Name Date**

1. **Comments of Chairperson of Moderating Committee:**

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**Signature Name Date**

1. **Decision by Executing Authority or her/his delegate:**

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**Signature Name Date**