



V. M. SALGAOCAR INSTITUTE
of
INTERNATIONAL HOSPITALITY EDUCATION

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Established by Vishwa Saraswati Society (Reg. No. 10/Goa/2007)

CRITERION – 6 GOVERNANCE, LEADERSHIP AND MANAGEMENT	
Key Indicator	6.3 Faculty Empowerment Strategies
Metric No.	6.3.1

- The institution has performance appraisal system, effective welfare measures for teaching and non-teaching staff and avenues for career development/progression

Table of Contents

Sr.No.	Documents	Pg.No.
1.	Employee Performance Appraisal form	2 – 5
2.	Employee Performance Appraisal form- Revised (From 2023) – Teaching Staff	6 – 16
3.	Employee Performance Appraisal form- Revised (From 2023) – Non Teaching Staff	17 - 27
4	Employee Performance Appraisal form- Contract Staff	28 - 31



Employee Performance Appraisal Form

Personal Data

Name	_____	Date of Joining	_____
Designation	_____	Date of Appraisal	_____
Department	_____	Name of Appraiser	_____
Employee Code	_____	Location	_____

Reason for Appraisal

1. Annual Appraisal for Period _____
2. Half Year Review
3. End of Probation
4. Promotion Review
5. Others _____

Rating System

1. Significantly Below Average
2. Below Average
3. Average
4. Above Average
5. Outstanding

Instructions

1. Please put your answers in precise manner with neat and understandable hand writing.
2. Please do not fold this form and present it in the good condition.
3. No duplicate form will be provided; in case this form misplaced by you.
4. Please Submit on or before the date of submission as mention in the form.
5. Non submission of form will be considered as misconduct and it will be presumed that no appraisal is desired by the employee.



Part I – Self Appraisal

Appraisee is suppose to complete this questionnaire before interview and submit it to the appraiser till date :

1. State your understanding of your main duties and responsibilities

--

2. What do you consider to be your most important achievements of the past year?

--

3. What elements of your job do you find most difficult ?

--

4. What elements of your job interest you the most, and least ?

--

5. What do you consider to be your most important aims and tasks in next two years?

--

6. What action could be taken to improve your performance in your current position by you, and your boss?

--

7. What kind of work or job would you like to be doing in one/two/five years time?

--

8. What sort of training/experiences would benefit you in the next year? (Only job-skills)

--



Part II - KRA Review- Final

Sr No	KRAs	Weightage in %	Annual Review (to be filled by the appraiser)		
			Target	Achieved (Marks to be given out of 5)	Ratings
a	KRA 1: Description:	20	5	5	10
b	KRA 2: Description:	30	5	4	12
c	KRA 3: Description:	20	5	4.5	9
d	KRA 4: Description:	20	5	4.5	9
e	KRA 5: Description:	10	5	5	5
Final Score		100		23	45
					4.50

Scale	Rating System	
5	Significantly Below Average	0-1
4	Below Average	1.1-2
3	Average	2.1-4
2	Above Average	4.1-4.5
1	Outstanding	4.6 - 5

*KRA and weightages to be filled by the appraiser and appraisee in co-ordination.
 *Total of all KRA weightages to be 100
 * Annual review to be filled by appraiser

Employee's Signature

Appraiser's Signature



Part III - Final Comments

Comments by Employee

(apart from comments on the assessment, this column could also cover reasons for the current level of performance, constraints or grievances, suggestions for improvements, etc.)

Comments by Appraiser

(This will summarise the contents of the post appraisal discussion besides other comments on developmental needs, potential for other jobs, etc.)

Date: _____

Final Result and Recommendation

(Only for Appraiser's comment and this need to be maintained confidential till it's approved by Management)

- | | |
|--|---|
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Warning |
| <input type="checkbox"/> Status Remain Unchanged | <input type="checkbox"/> Successful completion of Probation |
| <input type="checkbox"/> Salary Increment | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Training requirements | |

Specific requirements _____

Recommended Increase (If applicable) : _____

Appraiser's Name / Signature

HOD Name / Signature

Director's Name / Signature

HR Head Name / Signature

Approval of Management:



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Employee Performance Appraisal Form

Personal Data

Name	Date of Joining
Designation	Date of Appraisal
Department	Name of Appraiser

Employee Code

Reason for Appraisal

1. Annual Appraisal for Period _____
2. Half Year Review _____
3. End of Probation _____
4. Promotion Review _____
5. Others _____

Instructions:

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- Non submission of form will be considered as misconduct and it will be presumed that no appraisal is desired by the employee.

Sections:

- I. SMART Objectives
- II. Competencies
- III. Strengths and Areas for Development
- IV. End of Cycle Appraisal
- V. Self- Appraisal
- VI. Final Comments
- VII. Development Action Plan

PART I- SMART Objectives (Specific, Measurable, Agreed, Realistic, Time-bound)

Sr. No	KRAs (Description)	Weightage in % at the beginning of the cycle (1)	Mid-cycle review	Rating at end of cycle appraisal (2)	Weighted rating at end if cycle (3)
1	<u>TEACHING</u>	40			
2	<u>RESEARCH & PUBLICATIONS</u>	30			
3	<u>ADD ON COURSES CONDUCTED</u>	20			
4	<u>MENTORING</u>	10			
	Overall Performance Rating Weighting (1) x Rating (2)÷100 = (3)	100			

Objective Rating Scale:

Rating 4: Substantially Exceeds Expectations- Far exceeds performance expectations

- Far exceeds the expectations in all objectives
- Accomplishes more than expected
- Completes projects effectively and ahead of schedule
- Embodies and models the organization values at all times and inspires and encourages others to do likewise.

Rating 3: Exceeds Expectations- Usually exceeds performance expectations

- Exceeds the expectations in the all objectives
- Consistently exceeds performance expectations or standards.
- Requires minimal supervision or guidance to complete tasks related to the competency.
- Consistently produces work that exceeds the desired quality or standard.

Rating 2: Meets Expectations- Meets all performance expectations

- Meets expectations in all areas of performance
- Demonstrates satisfactory understanding or proficiency in the competency area.
- Consistently performs in a reliable manner
- Generally upholds the organization values

Rating 1: Below Expectations- Falls below performance expectations in some areas

- Falls below expectations in some areas of performance
- Requires significant supervision or guidance to complete tasks related to the competency.
- Requires improvement to measure up to the job standards of his/her department
- At time the employee has not upheld the organization values

PART II- Competencies

To be filled by HOD/Immediate Supervisor along with employee

	LEVEL	RATING AT MID CYCLE	RATING AT END OF CYCLE
Competency 1: Conflict Management & Negotiation	2		
Comments:			
Competency 2: Champion Change & Innovation	2		
Comments:			
Competency 3: Result Orientation	3		
Comments:			
Competency 4: Communication	3		
Comments:			
Competency 5: Planning & Organizing	3		
Comments:			
Competency 6: Team Work	3		
Comments:			
Overall Performance Rating (sum of the ratings of the competencies ÷ number of competencies = 1)			

Each competency should be rated using the following scale:

Rating 4 = Substantially Exceeds Expectations

The employee always masters all the required behaviours in any kind of situation and context with great effectiveness and impact; may be considered a role model.

Rating 3 = Exceeds Expectations

The employee displays all the required behaviours with frequency, intensity and effectiveness in different situations and with different people.

Rating 2 = Meets Expectations

The employee displays the behaviours required and performs them autonomously in his/her own context or in well-known situations.

Rating 1 = Below Expectations

The employee displays some of the behaviours required by the level but not on a consistent basis or with efficacy.

PART III- Strengths and Areas for Development

Discuss the areas relating to improvement/development in knowledge, skills or attitudes that will have a positive impact on performance.

Strengths	Areas for Development

Part IV- End of Cycle Performance Appraisal

Based on the assessment in both Section 1 and 2, indicate the rating which summarizes the performance of the employee over the review period. The overall rating is equal to the sum of 70% for objectives and 30% for competencies. If the overall rating has a decimal ranging between 0.1 and 0.49, it would be rounded down. However, if it has a decimal ranging between 0.5 and 0.99, it would be rounded up.

Overall Performance Rating Scale (Circle as applicable)

1	2	3	4
Below Expectations	Meets Expectations	Exceeds Expectations	Substantially Exceeds Expectations

HOD's Comments:
Employee's Comments:
Director/Principal's Comments:

Employee's Signature:

HOD's Signature:

Director/Principal's Signature:

PART V- Self Appraisal

Appraisee is supposed to complete this questionnaire before interview and submit it to the appraiser:

1. State your understanding of your main duties and responsibilities:

2. What do you consider to be your most important achievements of the past year?

3. What elements of your job do you find most difficult?

4. What action could be taken to improve your performance in your current position by you, and your Supervisor/Management?

5. What sort of training/experiences would benefit you in the next year? (Only job-skills)

PART VI- FINAL COMMENTS

Comments by Employee

(Apart from comments on the assessment, this column could also cover reasons for the current level of performance constraints or grievances, suggestions for improvements, etc.)

Comments by Appraiser

(This will summarise the contents of the post appraisal discussion besides other comments on developmental needs, potential for other jobs, etc.)

Date:

Final Result and Recommendation

(Only for Appraiser's comment and this need to be maintained confidential till it's approved by Management)

- Promotion
- Warning
- Status Remain Unchanged
- Successful completion of Probation
- Salary Increment
- Termination
- Training requirements

Specific requirements:

Recommended Increase (If applicable):

Appraiser's Name / Signature

HOD Name / Signature

Director's Name / Signature

HR Head Name / Signature

Approval of Management:

PART VII- Development Action Plan (Optional)

Learning & Development Needs (Provide a specific description of the desired change/s)	Types of Development / Steps required to achieve this objective (Research, projects, courses, workshops, job training, motivation, mentoring etc.)	Support Required (HODs / In-charge / Appraiser / Director/Principal)	Time-frame for completion (6 months to assess change)



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2		20			
3		20			
4		20			
5		10			
	Overall Performance Rating Weighting (1) x Rating (2):100 = (3)	100			

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Employee's Comments:

Administrator's Comments:

Employee's Signature:

HOD's Signature:

Administrator's Signature:

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HR Head Name / Signature

Approval of Management:

PART VII- Development Action Plan (Optional)

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**VISHWA SARASWATI SOCIETY'S
V. M. SALGAOCAR INSTITUTE OF INTERNATIONAL
HOSPITALITY EDUCATION**

PERFORMANCE REVIEW FOR THE PURPOSE OF: **RENEWAL OF CONTRACT**

NAME :

DESIGNATION & DEPARTMENT :

DATE OF JOINING (Initial & Renewed):

PERIOD OF REVIEW :

DUE DATE FOR CONFIR-
MATION / RENEWAL :

PROCESS

- PART I** :- The Officer/Trainee concerned is required to complete the attached "Part I" Form and return it to the Head of the Department / Unit through the immediate superior.
- PART II** :- The Head of the Department / Unit along with the Immediate Superior is required to complete the attached "Part II" Form.
- PART III** :- Confirmation / Absorption Interview to be held with the concerned person by Head of the Department / Unit along with the Immediate Superior and HR. Recommendations to be submitted for the approval of the Management, based on the Performance Review and the Interview.



PART I - SELF ASSESSMENT (To be filled in by the employee)

NAME: Ms.

DESIGNATION:

DEPT:

SIGNIFICANT ACHIEVEMENT/ EVENTS DURING YOUR PROBATION/ TRAINING	
DIFFICULTIES, IF ANY, FACED BY YOU AFFECTING YOUR WORK PERFORMANCE/ LEARNING	
YOUR SUGGESTIONS FOR IMPROVEMENT OF YOUR WORK AND/OR THE ACTIVITIES OF THE DEPARTMENT.	

Date: _____

Employee's Signature: _____



PART II - PERFORMANCE REVIEW

(To be filled in by the Head of the Dept. / Unit along with the Immediate Superior)

NAME: Mr.

DESIGNATION:

DEPT:

PROCESS: Think of the person you are evaluating now. Respond to each item below according to the way he normally behaves. Circle the letter concerned which describes the most frequently repeated behaviour / performance.

Always (A), Frequently (F), Seldom (S), Never (N)

BEHAVIOUR/ PERFORMANCE FREQUENCY	BEHAVIOUR / PERFORMANCE DESCRIPTIONS
A N S F	1. Plans and schedules work well. Meets output requirement reliably.
S A F N	2. Generates ideas of possible job improvements and takes action on approval from senior management.
N F S A	3. Technically sound, analyses and solves most technical problems of the job.
A F S N	4. Takes interest in training subordinates. Spends time instructing and coaching subordinates on specific areas where improvement is possible.
N A F S	5. Resourceful on the job, tries to reduce rejection, down time, and cost wherever possible.
A F S N	6. Tries to identify reasons for difference among colleagues and helps management understand underlying causes and resolve issues.
F S A N	7. Handles institute equipment, machinery, tools, etc. with care
F S N A	8. Keeps supervisors well informed of work in progress.
A F S N	9. Genuinely interested in the job, is punctual and regular at work.
F A S N	10. Co-operates well with colleagues and other departments in getting work done.

Signature of

Signature of the

Date: _____ HOD: _____

Director: _____



PART III - CONFIRMATION / ABSORPTION INTERVIEW / RENEWAL OF CONTRACT

DATE:

NAME: Mr.

DESIGNATION:

DEPT:

The purpose of the interview is to substantiate the evaluation done and show consistency of the Officer's / Trainee's performance.

INTERVIEW REPORT Mention (a) Achievements and strengths (b) Mistakes and areas for improvements	
RECOMMENDATIONS	Considering the performance rating and interview, the following is recommended (Please tick):- 1. Termination of services w.e.f. _____ 2. Extension of probation upto _____ 3. Confirmation w.e.f. _____ 4. Extension of Contract w.e.f. _____ With increase of Rs. _____ Present Gross Salary: Rs. _____ Proposed : _____
SIGNATURES (With dates)	_____ HOD Administrator Director HR
REMARKS OF HR MANAGER	
APPROVAL OF MANAGEMENT	

