



Verwysing: 20200219-4666
Lêerno.: 3/3/3/1/4
Navrae: Inbelsentrum

Strategiese Mensbestuursminuut: 0003/2020

Aan: Adjunk-direkteurs-generaal, Hoofdirekteure, Direkteure, Adjunkdirekteure, Kringbestuurders, Hoofde: Bestuur en Beheer, Hoofde: Kurrikulumondersteuning in distrikte, Hoofde: Leerderondersteuning in distrikte, Prinsipale en alle staatsdienspersoneel

Onderwerp: Personeelprestasiestuur-en-ontwikkelingstelsel vir 2020/21

1. Die Personeelprestasiestuur-en-ontwikkelingstelsel (PPBOS) in die Wes-Kaap Onderwysdepartement (WKOD) is 'n voortdurende interaktiewe proses tussen 'n personeellid en sy/haar bestuurder/toesighouer wat die personeellid se prestasie en ontwikkeling oor die hele prestasiesiklus bestuur.
2. Die PPBOS-siklus strek vanaf 01 April tot 31 Maart van enige gegewe boekjaar en bestaan uit vier elemente:
 - Prestasiebeplanning en ooreenkoms
 - Prestasiekontrolering, beoordeling en assessering
 - Prestasiemoderering
 - Bestuur die uitkomst van die assesserings
3. Ons is tans in die finale kwartaal van die PPBOS-siklus en wil graag belangrike inligting oor die proses onder u aandag bring.
4. Soos in Strategiese Mensbestuursminuut 0003/2019 van 28 Maart 2019 aangedui word, word opleiding verskaf en alle skoolgebaseerde staatsdienspersoneel word by PERMIS gevoeg.
5. Skoolgebaseerde staatsdienspersoneel sal amptelik PERMIS vanaf 01 April 2020 gebruik en moet dus steeds die aangehegte bylaes A, B, C1, C2, E, F en G, waar van toepassing, vir die huidige 2019/20-assesseringsiklus invul.

6. Skole wat reeds begin het om die *PERMIS*-stelsel te gebruik, mag hulle prestasie-ooreenkomste, prestasiebeoordelings en finale assesserings vir die 2019/20-prestasiesiklus indien.
7. Bylae C2 is 'n outomatiese vorm om bestuurders/toesighouers te help met die berekening van die finale telling wanneer jaarlikse assesserings afgehandel word. Alle vorige weergawes van Bylae C2 moet geskrap word.
8. Prinsipale moet seker maak dat alle bylaes korrek ingevul en geteken word voordat hulle by die distrikskantoor ingedien word.
9. Die volgende belangrike datums vir die huidige en volgende siklus, 2020/21, word in die tabelle hieronder aangedui:

A. Datums vir kantoorgebaseerde staatsdienspersoneel

Aktiwiteit	Vervaldatum
PERMIS V4 word oopgestel vir die voltooiing van die 2019/20 jaarlikse assesserings en die vaslegging van die 2020/21 -prestasi-ooreenkomste	01 Maart tot 15 Mei 2020
Aftekening van die 2019/20 jaarlikse assesserings op <i>PERMIS</i> V4	17 April 2020
Indiening van drukstukke van die 2019/20 jaarlikse assesserings by die Direkoraat: Strategiese Mensbestuur	24 April 2020
Afhandeling van prestasimoderering vir die 2019/20 -siklus deur intermediêre beoordelingskomitees vir salarislak 1 tot 12	04 tot 29 Mei 2020
Aftekening van die 2020/21 -prestasi-ooreenkomste op <i>PERMIS</i> V4	15 Mei 2020
Afsluiting van sesmaandelikse beoordelings op <i>PERMIS</i>	23 Oktober 2020
Afsluiting van finale assesserings en punttellings op <i>PERMIS</i>	16 April 2021

B. Datums vir skoolgebaseerde staatsdienspersoneel

Aktiwiteit	Vervaldatum
Indiening van drukstukke van die 2019/20 jaarlikse assesserings by distrikskantore	17 April 2020
Afhandeling van prestasimoderering van die 2019/20 -siklus deur intermediêre beoordelingskomitees vir salarislak 1 tot 12	04 tot 29 Mei 2020
Aftekening van die 2020/21 -prestasi-ooreenkomste op <i>PERMIS</i> V4	15 Mei 2020
Afsluiting van sesmaandelikse beoordelings op <i>PERMIS</i>	23 Oktober 2020
Afsluiting van finale assesserings en punttellings op <i>PERMIS</i>	16 April 2021

10. Dit is belangrik dat alle bestuurders/toesighouers en personeel die datums in die twee tabelle hierbo streng nakom.
11. Personeel sal nie voordeel uit prestasie-aansporings trek as die vereiste dokumente nie betyds ingedien word nie.
12. Bring asseblief die inhoud van hierdie minuut onder die aandag van alle personeellede onder u toesig.

GETEKEN: LJ ELY

ADJUNK-DIREKTEUR-GENERAAL: KORPORATIEWE DIENSTE

DATUM: 2020-03-03



INDIVIDUAL PERFORMANCE AND DEVELOPMENT AGREEMENT

NAME:

STATION:

DIRECTORATE/INSTITUTION:

PERSAL NUMBER:

ID NUMBER:

JOB TITLE/RANK:

DATE OF ENTRY INTO RANK:

SALARY LEVEL:

NATURE OF APPOINTMENT:

PERFORMANCE CYCLE:

REVIEW/APPRAISAL TIMETABLE:

	FIRST QUARTER REVIEW	SECOND QUARTER REVIEW	THIRD QUARTER REVIEW	FOURTH QUARTER REVIEW	APPRAISAL
PERIODto.....to.....to.....to.....to.....
DATE OF REVIEW/ APPRAISAL					

**THIS DOCUMENT IS CONFIDENTIAL BETWEEN THE EMPLOYEE,
THE SUPERVISOR AND THE MANAGER.**



INDIVIDUAL PERFORMANCE PLAN (IPP) FROM 1 April ____ TO 31 March ____

Name: Station: Head Office/Education District:

Job purpose:

Table with 8 columns: MAIN OBJECTIVES (KEY PERFORMANCE AREAS), PERFORMANCE OUTPUTS, WEIGHT (PER PERFORMANCE OUTPUT), ACTIVITIES, KEY PERFORMANCE STANDARDS (HOW?), TARGET DATE/FREQUENCY, UNCONTROLLABLE FACTORS, EVIDENCE/INCIDENTS. Includes descriptive text for each column.

I agree with the content of this Individual Performance Plan. Jobholder: Supervisor: Line Manager: Date: Date: Date:

Note: Any further substantiating information may be furnished by adding additional pages. In case of disagreement, the appeal procedure may be followed.



INDIVIDUAL DEVELOPMENT PLAN (IDP) FROM 1 April ____ TO 31 March ____

Name: Station: Head Office/ Education District:

Table with 5 columns: IDENTIFIED TRAINING/ DEVELOPMENT NEEDS, ACTION (What/how, and provided by whom?), TIME FRAME (A commitment period for the completion of the programme/When?), EMPLOYEE, INSTITUTION/COMPONENT/ DEPARTMENT. Contains 10 empty rows.

I agree with the content of this Individual Development Plan. Jobholder: Supervisor: Line Manager: Date: Date: Date:

Note: Any further substantiating information may be furnished by adding additional pages. In case of disagreement, the appeal procedure may be followed.

PERFORMANCE REVIEW INSTRUMENT				FROM 1 April _____ TO 31 March _____	
Name:		Station:		Head Office/ Education District:	
Date of review:					
PERFORMANCE OUTPUTS <i>(As in IPP.)</i>	PROGRESS <i>(Remarks – not performance rating)</i>	TRAINING/DEVELOPMENT	DECISIONS AGREED UPON		
I agree with the content of this Performance Review Instrument.					
Jobholder:			Supervisor:		
Date:			Date:		

Note: *Any further substantiating information may be furnished by adding additional pages.
In case of disagreement, the appeal procedure may be followed.
An indication of the employee's performance, whether it is satisfactory or underperforming, must be indicated on the form.*



PERFORMANCE APPRAISAL: ANNUAL ASSESSMENT FROM 1 APRIL 2019 TO 31 MARCH 2020

FULL NAME OF EMPLOYEE:	NAME OF SUPERVISOR:	SCHOOL:
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KRA's (Refer to Annexure A)	WEIGHT - % (per KRA) (Refer to Annexure A)	OVERALL RATING (per KRA) (1-4)	WEIGHTED SCORE (Weight x Overall Rating) Automated
1)			0
2)			0
3)			0
4)			0
5)			0
6)			0
7)			0
8)			0
9)			0
10)			0
	0%		

KRA FINAL SCORE	0%
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OVERALL RATING FOR PERFORMANCE CYCLE **0%** CATEGORY (1 = Not effective / 2 = Partially effective / 3 = Fully effective / 4 = Highly effective)

I agree with the overall rating as reflected in this Performance Appraisal Instrument.

Jobholder: _____ Supervisor: _____

Date: _____ Date: _____

Comments:

Line Manager:

Date:

UNDERPERFORMING			
LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
X			
< 66	67 - 99	100 - 119	120 - 133



SPMDS (L1-12): MOTIVATION FOR FINAL ASSESSMENT

Name of Institution							
Surname and initials of appraisee							
PERSAL number							
SPMDS cycle	1 April to 31 March						
Indicate the overall rating	Highly effective	Yes	No				

**MAIN OBJECTIVE (KEY RESULT AREA):
MOTIVATION:**

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MOTIVATION:**

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MOTIVATION:**

**MAIN OBJECTIVE (KEY RESULT AREA):
MOTIVATION:**

Supervisor/ Line Manager:

Date:

SPMDS (L1-12): NOMINATION FOR SPMDS CASHBONUS	
Name of Institution/ Directorate	
SPMDS cycle	1 April to 31 March

Number of employees on the establishment	
Number of employees who are nominated	
Percentage of employees who are nominated	
Percentage of employees nominated as per a rating of "Fully effective"	

Surname (S) and Initials of nominated staff	PERSAL No.	Salary Level	Overall rating

<p>Line Manager:</p> <p>Date:</p>

PERFORMANCE IMPROVEMENT PLAN (PIP) (BELOW FULLY EFFECTIVE PERFORMANCE)			FROM 1 April ____ to 31 March ____	
Name:		Station:	DISTRICT OFFICE:	
PERFORMANCE OUTPUTS RATED AS PARTIALLY EFFECTIVE OR NOT EFFECTIVE AT APPRAISAL	IDENTIFIED DEVELOPMENT/SUPPORT NEEDS ACTIONS <i>(What/how, and provided by whom?)</i>	TIME FRAME <i>(A commitment period for the completion of the programme/When?)</i>	MONITORING REMARKS DURING AGREED UPON REVIEWS <i>(e.g. Monthly)</i>	
			EMPLOYEE	SUPERVISOR/ LINE MANAGER
I agree with the content of this Performance Improvement Plan.				
Jobholder:		Supervisor:	Line Manager:	
Date:		Date:	Date:	

Note: Any further substantiating information may be furnished by adding additional pages.