



Reference: 20200219-4666  
File no.: 3/3/3/1/4  
Enquiries: Call Centre

Strategic People Management Minute: 0003/2020

To: Deputy Directors-General, Chief Directors, Directors, Deputy Directors, Circuit Managers, Heads: Management and Governance, Heads: Curriculum Support in districts, Heads: Learner Support in districts, Principals and all public service staff

**Subject: Staff Performance Management and Development System 2020/21**

1. The Staff Performance Management and Development System (SPMDS) in the Western Cape Education Department (WCED) is an ongoing interactive process between a staff member and his/her manager/supervisor directing the staff member's performance and development over the full performance cycle.
2. The SPMDS cycle runs from 01 April to 31 March of any given financial year and consists of four elements:
  - Performance planning and agreement
  - Performance monitoring, review and assessment
  - Performance moderation
  - Managing the outcomes of the assessments
3. We are currently in the final term of the SPMDS cycle and would like to bring some important information pertaining to the process to your attention.
4. As indicated in Strategic People Management Minute 0003/2019, dated 28 March 2019, training is being provided and all school-based public service staff are being added to PERMIS.
5. School-based public service staff will officially be utilising PERMIS from 01 April 2020 and are therefore still required to complete the attached annexures A, B, C1, C2, E, F and G where applicable, for the current 2019/20 assessment cycle.

6. Schools that have already started utilising the PERMIS system may submit their performance agreements, performance review and final assessment for the 2019/20 performance cycle.
7. Annexure C2 is an automated form to assist managers/supervisors with calculating the final score when annual assessments are being finalised. All previous versions of Annexure C2 must be deleted.
8. Principals must ensure that all annexures are correctly completed and signed before they are submitted to the district office.
9. The following important dates for the current and next cycle, 2020/21, are indicated in the tables below:

**A. Dates for office-based public service staff**

Activity	Due date
<b>PERMIS V4 opens</b> for the completion of the <b>2019/20</b> annual assessments and the capturing of the <b>2020/21</b> performance agreements	01 March to 15 May 2020
Sign off on the <b>2019/20</b> annual assessments on PERMIS V4	17 April 2020
Submit hard copies of the <b>2019/20</b> annual assessments to the Directorate: Strategic People Management	24 April 2020
Finalise performance moderation for the <b>2019/20</b> cycle by intermediate review committees for salary levels 1 to 12	04 to 29 May 2020
Sign off on the <b>2020/21</b> performance agreements on PERMIS V4	15 May 2020
Conclude six-monthly reviews on PERMIS	23 October 2020
Conclude final assessments and scores on PERMIS	16 April 2021

**B. Dates for school-based public service staff**

Activity	Due date
Submit hard copies of the <b>2019/20</b> annual assessments to district offices	17 April 2020
Finalise performance moderation for the <b>2019/20</b> cycle by intermediate review committees for salary levels 1 to 12	04 to 29 May 2020
Sign off on the <b>2020/21</b> performance agreements on PERMIS V4	15 May 2020
Conclude six-monthly reviews on PERMIS	23 October 2020
Conclude final assessments and scores on PERMIS	16 April 2021

10. It is important that the dates in the two tables above are strictly adhered to by all managers/supervisors and staff.
11. Staff will not benefit from performance incentives if the required documents are not submitted in time.
12. Kindly bring the contents of this minute to the attention of all staff members under your supervision.

**SIGNED:** LJ ELY

**DEPUTY DIRECTOR-GENERAL: CORPORATE SERVICES**

**DATE:** 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
PERIOD	.....to.....	.....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:** \_\_\_\_\_

MAIN OBJECTIVES (KEY PERFORMANCE AREAS)	PERFORMANCE OUTPUTS	WEIGHT (PER PERFORMANCE OUTPUT)	ACTIVITIES	KEY PERFORMANCE STANDARDS (HOW?)	TARGET DATE/FREQUENCY	UNCONTROLLABLE FACTORS	EVIDENCE/INCIDENTS
<i>Critical areas in which an employee must perform to enable the institution/component to function efficiently and effectively.</i>	<i>Result which will indicate that the main objectives have been achieved successfully.</i>	<i>Total weight = 100% - reflects the importance and frequency of the individual output.</i>	<i>Specific activities which need to be carried out in order to achieve the desired output.</i>	<i>Criteria (quantitative/ qualitative) indicating what is meant by "performing a task well".</i>	<i>Indicates a commitment date for completion of output.</i>	<i>Circumstances beyond the control of the employee and manager, e.g. budgetary constraints and disasters.</i>	<i>Collect relevant data to support level of performance. (To be used after planning phase in preparation for reviews and appraisal)</i>

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.

<b>PERFORMANCE REVIEW INSTRUMENT</b>				FROM 1 April _____ TO 31 March _____	
<b>Name:</b>		<b>Station:</b>		<b>Head Office/ Education District:</b>	
<b>Date of review:</b>					
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**

<b>FULL NAME OF EMPLOYEE:</b>	<b>NAME OF SUPERVISOR:</b>	<b>SCHOOL:</b>

<b>KRA's</b> (Refer to Annexure A)	<b>WEIGHT - %</b> (per KRA) (Refer to Annexure A)	<b>OVERALL RATING</b> (per KRA) (1-4)	<b>WEIGHTED SCORE</b> (Weight x Overall Rating) <b>Automated</b>
1)			0
2)			0
3)			0
4)			0
5)			0
6)			0
7)			0
8)			0
9)			0
10)			0
	<b>0%</b>		

<b>KRA FINAL SCORE</b>		<b>0%</b>
------------------------	--	-----------

<b>OVERALL RATING FOR PERFORMANCE CYCLE</b>	<b>0%</b>	<b>CATEGORY (1 = Not effective / 2 = Partially effective / 3 = Fully effective / 4 = Highly effective)</b>
---	-----------	--

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

Jobholder: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Comments:

Line Manager: \_\_\_\_\_

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

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



<b>SPMDS (L1-12): MOTIVATION FOR FINAL ASSESSMENT</b>							
<b>Name of Institution</b>							
<b>Surname and initials of appraisee</b>							
<b>PERSAL number</b>							
<b>SPMDS cycle</b>				1 April ..... to 31 March .....			
<b>Indicate the overall rating</b>				<b>Highly effective</b>	<b>Yes</b>	<b>No</b>	
<b>MAIN OBJECTIVE (KEY RESULT AREA): MOTIVATION:</b>							
<b>MAIN OBJECTIVE (KEY RESULT AREA): MOTIVATION:</b>							
<b>MAIN OBJECTIVE (KEY RESULT AREA): MOTIVATION:</b>							
<b>MAIN OBJECTIVE (KEY RESULT AREA): MOTIVATION:</b>							
<b>Supervisor/ Line Manager:</b>							
<b>Date:</b>							



**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

**Line Manager:**  
**Date:**

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

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.