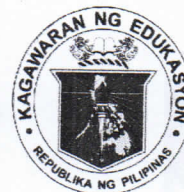




Republic of the Philippines
Department of Education
National Capital Region
SCHOOLS DIVISION OFFICE OF NAVOTAS CITY
Bagumbayan Elementary School Compound,
M. Naval St., Sipac, Navotas City



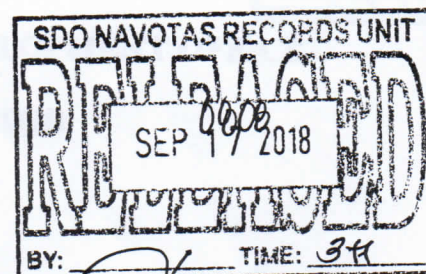
MEMORANDUM

To: OIC-Assistant Schools Division Superintendent
Chief, Education Program Supervisors
Education Program Supervisors
Public Schools District Supervisor
Division Office Personnel and Staff
Public Elementary/Secondary School Principals
All others concerned

From: **MELITON P. ZURBANO, CESE**
OIC - Schools Division Superintendent

Date: September 13, 2018

Subject: **SUBMISSION OF THE ACCOMPLISHED PERFORMANCE
EVALUATION RATING FORMS**



1. Attached is Memorandum Order dated September 6, 2018 from the City Human Resource Development Office, Navotas re: **SUBMISSION OF THE ACCOMPLISHED PERFORMANCE EVALUATION RATING FORMS**, which is self-explanatory, for the information and guidance of all concerned.

2. Immediate dissemination of and compliance to this Memorandum is desired.



Republic of the Philippines
Metropolitan Manila
CITY OF NAVOTAS



CITY HUMAN RESOURCE DEVELOPMENT OFFICE

MEMORANDUM ORDER

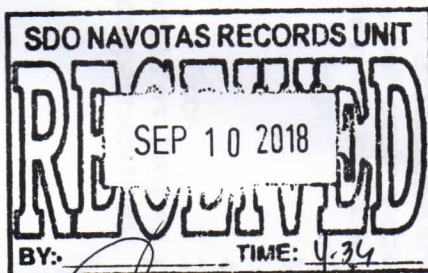
NO. _____

DATE : September 6, 2018
TO : ALL SCHOOL JANITOR/POLICE/GUARD AND OTHER CONCERNED
SUBJECT : SUBMISSION OF THE ACCOMPLISHED PERFORMANCE EVALUATION RATING FORMS

All are reminded for the submission of the Individual Performance Evaluation Rating Form for the period July-September 2018. Each employee shall be rated by their respective supervisor whom they are in direct contact with.

For the City Human Resources Development Office to have sufficient time to evaluate and consolidate the ratings, all are enjoined therefore to submit the accomplished forms on or before 21st day of September 2018.

For strict compliance.



CF
CATALINA D. FURO
Acting CHRD Officer

The Navotas City Hall, M. Naval St., Brgy. SipacAlmacen, Navotas City ZIP: 1485
Tel Nos.: 283-42-10 Local 106 & 105 email address: hrdnavotas@gmail.com

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SUPERVISOR RATER FORM
(SRF)

Name of Employee to be Rated	Rating Period
Position	

NAME AND SIGNATURE OF RATER	POSITION	OFFICE/DIVISION

Please read the instructions carefully before accomplishing this form

1. This form is used to evaluate the performance of the employee whom you are working with. Your feedback on his/her service delivery will help to evaluate the performance of your employee and eventually improve our service delivery.
2. Please be fair and objective when rating your employee.
3. In rating yourself, please check the box that most objectively represents your performance in the rating scale below:

॥३॥

High
10 Outstanding
8 Very Satisfactory
6 Satisfactory
4 Unsatisfactory
2 Poor
Poor

4. After accomplishing this form, please affix your signature and submit this to supervisor/department head.

FACTORS

PART I - PERFORMANCE

1. Accomplishment of Work

Does she/he accomplish work assigned to him/her on time?

10 8 6 4 2
() () () () ()

4. Stress Tolerance

Is he/she patient and calm in dealing with unpleasant situations?

10 8 6 4 2
() () () () ()

PART II - CRITICAL FACTORS

2. Courtesy

Is he/she polite in dealing with clients in manner of his/her speech and actions?

10 8 6 4 2
() () () () ()

5. Punctuality and Attendance

Is he/she coming to office on time or to be present at work to complete his/her assigned responsibilities?

10 8 6 4 2
() () () () ()

3. Proficiency for Carrying

Is he/she performs tasks without being told to do so

10 8 6 4 2
() () () () ()