**NATIONAL** **KIDNEY** **AND** **TRANSPLANT** **INSTITUTE**

East Avenue, Diliman, Quezon City

{pcr\_form\_type}

I, {employee\_name}, **{position\_and\_division}** commit to deliver and agree to be rated on the attainment of the following targets

in accordance with the indicated measures for the period of **{period}**

|  |  |
| --- | --- |
| **RATING** **SCALE** **GUIDE** | |
| **Adjectival** **Equivalent** | **Numerical** **Rating** |
| 5 - Outstanding | 5 |
| 4 - Very Satisfactory | 4.00 - 4.99 |
| 3 - Satisfactory | 3.00 - 3.99 |
| 2 - Unsatisfactory | 2.00 - 2.99 |
| 1 - Poor | 1.00 - 1.99 |

{submitted\_date}

Approved by: Name: Position: Date:

{office\_head\_name}

{office\_head\_position}

{office\_head\_approved\_date}

OFFICE HEAD

Signature of Employee Date

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MFO/PAP** | | **Success** **Indicators** **(Targets** **+** **Measures)** | **Actual** **Accomplishments** | **Rating** | | | | **Remarks** |
| **Q** | **E** | **T** | **Ave.** |
| **{#mfos}**  **{title}** | | | |  |  |  |  |  |
| {#entries}  {index} | {description} | {success\_q}  {success\_e}  {success\_t} | {actual\_q}  {actual\_e}  {actual\_t} | {rate\_q} | {rate\_e} | {rate\_t} | {rate\_ave} | {remarks}  {/entries}  {/mfos} |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **MFO/PAP** | **Success** **Indicators** **(Targets** **+** **Measures)** | **Actual** **Accomplishments** | **Rating** | | | | **Remarks** |
| **Q** | **E** | **T** | **Ave.** |
| **Total** **Rating** | | | **{total\_q}** | **{total\_e}** | **{total\_t}** | **{total\_ave}** |  |
| **Final** **Average** **Rating** | | | **{final\_q}** | **{final\_e}** | **{final\_t}** | **{final\_ave}** | **{final\_remarks}** |
| **Comments** **and** **Recommendations** **for** **Development** **Purposes** **or** **Reward/Promotion** | | | | | | | |
| {comments\_and\_recommendations}  Name and Signature of the Employee: Name and Signature of the Supervisor: Name and Signature of the Next In-Line Supervisor:  Full Name: {employee\_name} Full Name: {evaluator\_name} Full Name: {approver\_name}  Position: {position} Position: {evaluator\_position} Position: {approver\_position}  Date: {submitted\_date} Date: {review\_date} Date: {approved\_date}  IP Address: {employee\_ip\_address} IP Address: {evaluator\_ip\_address} IP Address: {approver\_ip\_address} | | | | | | | |