SALIHIN CONSULTING GROUP SDN BHD (661005-P)

Performance Evaluation Form

The following is a performance evaluation to be used internally by the department for the evaluation of staff. The evaluation is completed after each engagement. These internal performance evaluations are used as a basis to prepare the "annual evaluation of employees".

The purpose of the performance evaluation is to help develop practice personnel skills by providing constructive feedback and positive reinforcement on work performed. The *Rating* and *Reviewer Comments* sections should be completed by the Supervisor/Manager and the *Reviewee Comments* sections of the evaluation should be completed by the Staff reviewed. Both the *Reviewer Comments* and *Reviewee Comments* sections should include specific examples to support the observations made. The reviewer should discuss the completed evaluation with the reviewee and offer specific ways (i.e. examples, tools, resources, etc.) to make any improvements suggested in the evaluation. Once signed by the reviewee and reviewer, the evaluation should be submitted to the Head of Department for final review and sign-off. Completed evaluations are securely stored in the appropriate personnel file.

Please mark "X" in the relevant boxes below:

Reviewee	MOHD HAFIZI BIN MOHAMMAD NOR			**Department**	IT	
Position/ Level	SENIOR PROGRAMMER			**Date Joined**	9th MARCH 2015	
Job Performance Period	**From**	9th MARCH 2015	**To**	8th SEPTEMBER 2015	**Approximate hours on assignment**	

Client Name	**SPS**	Industry	**Software Development**
Type (eg. Dormant)			
Activity/ Engagement Description			
Reviewee's primary responsibilities	**Upgrade SPS sub module such as GST module and item services.** **Develop POS System.**		
The Degree Of Difficulty	[X] Complex [ ] Average [ ] Easy		
Reviewer's Name	**Akmaluddin Mustajid** **(IT Manager)**	**Date Prepared**	**4-Sept-2015**

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I. EXPECTATIONS

Were the following project engagement expectations discussed with the reviewee prior to or near the beginning of the project engagement?

1. Key Client Considerations/Issues	☑ Yes	☐ No
2. Outputs/Deliverables	☑ Yes	☐ No
3. Timetables	☑ Yes	☐ No
4. Any Other Expectations: (Please Specify Details)	☐ Yes	☐ No

II. PERFORMANCE OBSERVATIONS

Please review the behaviors listed under each of the **six performance areas** below. Then, using these behaviors, comment about the individual's strengths and development needs for each area, and provide substantiating examples where appropriate.

		High 1	2	3	4	5	Low N/A
1.	**MARKET LEADERSHIP / SALES**						
	Operate with the highest integrity and professional excellence, always doing the right thing to create value	☐	✓	☐	☐	☐	☐
	Demonstrating an understanding of the firm's and division's services/ products	☐	☐	✓	☐	☐	☐
	When appropriate, identifying potential service opportunities and communicating these to the appropriate SC personnel	☐	✓	✓	☐	☐	☐
	Expanding efforts in building and living our brand	☐	✓	☐	☐	☐	☐
	Overall Performance	☐	✓	✓	☐	☐	☐
	Strengths						
	knowledgeable in the latest technology in the programming area to deliver latest tect to the customer.						
	Development Needs						

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II. PERFORMANCE OBSERVATIONS

2.	QUALITY PERSONNEL	1	2	3	4	5	N/A
	Teamwork—helping to resolve team conflicts	☐	✓	☐	☐	☐	☐
	Development of Others—coaching, developing, and mentoring others; providing constructive on-the-job feedback	☐	✓	☐	☐	☐	☐
	Management Style—showing appreciation for contributions of team members; creating a positive work climate	☐	☐	✓	☐	☐	☐
	Oral/Written Communications—effectively structuring, writing, or editing reports; clearly presenting information to others in individual and group situations	☐	☐	✓	☐	☐	☐
	Overall Performance	☐	☐	✓	☐	☐	☐
	Strengths						
	Development Needs						
	effective team work and communication						

3.	SERVICE QUALITY	1	2	3	4	5	N/A
	Managing risk by complying with firm's/ division's policies and procedures	☐	☐	✓	☐	☐	☐
	Providing value by listening, assessing, and properly diagnosing client needs	☐	✓	☐	☐	☐	☐
	Providing client[s] with high quality work products that meet and/or exceed their expectations	☐	☐	✓	☐	☐	☐
	Actively seeking client's feedback on project performance and communicating feedback to team members	☐	☐	✓	☐	☐	☐
	Serving as a trusted business advisor by providing clients with value-added advice	☐	☐	✓	☐	☐	☐
	Overall Performance	☐	☐	✓	☐	☐	☐
	Strengths						
	Development Needs						

4.	KNOWLEDGE	1	2	3	4	5	N/A
	Demonstrating creativity in formulating solutions to client's business problems	☐	☑	☐	☐	☐	☐
	Actively sharing knowledge and expertise with others	☐	☑	☐	☐	☐	☐
	Effectively applying technical knowledge to meet client needs	☐	☑	☐	☐	☐	☐
	Staying abreast of current and emerging technical developments in area of expertise	☐	☐	☑	☐	☐	☐
	Effectively utilizing firm/ division methodologies, tools, databases and information	☐	☐	☑	☐	☐	☐
	Overall Performance	☐	☐	☑	☐	☐	☐
	Strengths						
	Development Needs						

5.	MANAGING JOBS/ASSIGNMENTS/PROJECTS	1	2	3	4	5	N/A
	Financial Management—managing significant or multiple projects within budget and timetable; organizing and completing project tasks and responsibilities in an effective, timely and efficient manner	☐	☑	☐	☐	☐	☐
	Resource Utilization—effectively utilizing the skills and abilities of others; demonstrating and instilling in others a concern for efficiency, productivity and cost-effectiveness	☐	☐	☑	☑	☐	☐
	Overall Performance	☐	☐	☑	☑	☐	☐
	Strengths						
	Development Needs						

II. PERFORMANCE OBSERVATIONS

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6.	LIVING OUR CORE VALUES	1	2	3	4	5	N/A
	Knowledge –relentlessly pursue improvements and dynamic change, generate and share ideas willingly, highly creative and is abreast with current technical updates	☐	☑	☐	☐	☐	☐
	Accountability – take personal responsibility, have a clear direction, and lead and embrace change	☐	☐	☑	☐	☐	☐
	Harmony – committed to creating an inclusive environment, respect, and build on our differences, care about each other, co-operates and collaborates with colleagues and clients, is responsive, effective, energetic, flexible and focused on relationships	☐	☐	☑	☑	☐	☐
	Overall Performance	☐	☐	☑	☑	☐	☐
	Strengths strong technical knowledge.						
	Development Needs						

7. GENERAL

Any involvements in **professional** e.g. representing the Firm on various working groups of professional bodies, **social** e.g. Toastmasters, including **community & charitable activities** and **sporting events** e.g. FUTSAL ☐ Yes ☐ No ☐ N/A

List and comment on your achievements and involvements in above:

Please leave a comment :

Due to number of emergency leave taken during the probation period are above the normal consideration, I would like suggest to extend the probation period until november 2015

III. OVERALL RATING

Considering this individual's level of experience, the difficulty and complexity of the assignment, accomplishment of engagement expectations (from Section A) and the individual's performance in each of the six performance areas included in Section B, select the rating that most accurately reflects your judgment of this individual's overall performance: 6

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1	**Exceptional**	Performance significantly and consistently exceeds normal job requirements and expectations of his/her position. Accomplishments are unique, exceptional, and far beyond what are required.
2	**Commendable/ Highly Effective**	Performance is clearly and consistently above and beyond normal job requirements and expectations for his/her position. Accomplishments are above expected level or essential job requirements.
3	**Effective/ Satisfactory**	Performance consistently meets the normal job requirements and expectations of his/her position in all aspects.
4	**Below Expectation**	Performance meets most essential job requirements; however, work is not consistent and requires revision and some degree of supervision.
5	**Unsatisfactory**	Performance does not meet the minimum requirements of the job and requires frequent revision and a high degree of supervision and direction. Immediate attention and action is required.
6	**Too Soon To Tell**	Insufficient evidence or time spent to necessitate a rating.

V. SIGN-OFFS

I have examined this document and have discussed the contents with the reviewer.		☑ Yes	☐ No
Reviewee's Signature	[signature]	Date	4/9/2015
Reviewer's Signature	[signature]	Date	4-9-2015
Optional: Reviewee can provide his or her comments on additional sheet, if necessary.			
Manager's Signature		Date	
Partner's/ HoD's Signature		Date	

Please tick :

To be confirm ( )

To be extend the probation (✓)