

**OCCUPATIONAL SPECIFIC DISPENSATION  
(OSD)**

**EDUCATION  
MANAGEMENT SERVICE  
(EMS): OFFICE-BASED**

**TEMPLATES**

# EMS PERFORMANCE MANAGEMENT AND DEVELOPMENT SYSTEM

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**ANNEXURE C1**

**PERFORMANCE AGREEMENT  
EMS: OFFICE BASED**

**ENTERED INTO BY AND BETWEEN**

I ..... (*Full Name*)  
as the ..... (position) of the  
..... Department of Education (herein referred to  
as the Employee/EMS member).

**AND**

The ..... Department of Education herein  
represented by ..... (full name)  
in her/his capacity as.....(*position*) of the  
..... Department of Education.  
(herein referred to as the Employer).

## **WHEREBY IT IS AGREED AS FOLLOWS:**

### **1. PURPOSE**

- 1.1 The purpose of entering into this agreement is to communicate to the Employee/ EMS member the performance expectations of the Employer.
- 1.2 The performance agreement and accompanying work plan shall be used as the basis for assessing the suitability of the Employee/EMS member for permanent employment (if on probation); and to assess whether the Employee/EMS member has met the performance expectations applicable to his/her job. In the event that the Employee/EMS member has significantly exceeded the performance expectations, he/she may qualify for appropriate rewards.
- 1.3 Should any non-agreement arise between the Employer and the Employee/ EMS member in respect of matters regulated by this agreement, the process outlined in paragraph 8.5 of the EMS PMDS should be followed. If this process fails, the employee may apply the formal grievance rules of the Personnel Administration Measures (PAM).

### **2. VALIDITY OF THE AGREEMENT**

- 2.1 The agreement will be valid for the period 1 April 2 ..... to 31 March 2 .....
- 2.2 The content of the agreement may be revised at any time during the above-mentioned period to determine the applicability of the matters agreed upon, especially where changes are significant.
- 2.3 If at any time during the validity of this agreement the work environment of the employer (whether as a result of Government or Management decisions or otherwise), to the extent that the contents of this agreement are no longer appropriate, the contents shall immediately be revised.

**3. JOB DETAILS**

3.1 Personal number	
3.2 Office	
3.3 Pay Point	
3.4 Notch (EMS package)	
3.5 Occupational classification	
3.6 Designation	

**4. JOB PURPOSE**

Briefly describe the purpose of the job (overall focus) as it relates to the Vision and Mission of the Department. Capture the overall accountability that the job holder has in relation to his/ her position as a principal.

.....

.....

.....

.....

.....

**5. REPORTING REQUIREMENTS/LINES & ASSESSMENT LINES**

5.1 The Employee/EMS member shall report to the .....  
(job title in Department) as her/his supervisor on all parts of this agreement. The Employee/EMS member shall:

- Timeously alert the supervisor of any emerging factors that could preclude the

achievement of any performance agreement undertakings, including the contingency measures that she/he proposes to take to ensure the impact of such deviation from the original agreement is minimised.

- Establish and maintain appropriate internal controls and reporting systems in order to meet performance expectations
- Discuss and thereafter document for the record and future use any revision of targets as necessary as well as progress made towards the achievement of performance agreement measures.

5.2 In turn the supervisor shall:

- Meet to provide feedback on performance and to identify areas for development at least four times a year.
- Create an enabling environment to facilitate effective performance by the Employee/EMS member.
- Facilitate access to skills development and capacity building opportunities.
- Work collaboratively to solve problems and generate solutions to common problems within the department, that may be impacting on the performance of the Employee/ EMS member.

## **6. PERFORMANCE ASSESSMENT FRAMEWORK**

Performance will be assessed according to the information contained in the WORKPLAN and the Core Management Criteria (CMC) framework.

6.1 The KRAs and CMCs during the period of this agreement shall be as set out in the table below.

6.2 The Employee/EMS member undertakes to focus and to actively work towards the promotion and implementation of the KRAs within the framework of the laws and regulations governing the Education sector. The specific duties/outputs required under each of the KRAs are outlined in the attached work plan.

Key Responsibility Areas (KRAs)	Weight
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
<b>TOTAL</b>	<b>100%</b>

**NOTE:**        **Minimum weighting of a KRA = 5%**  
                  **Maximum weighting of a KRA = 50%**  
                  **Weighting of KRAs must total 100%**

6.3 The Employee's/EMS member's assessment will be based on her/his performance in relation to the duties/outputs outlined in the attached WORKPLAN as well as the CMCs marked here-under. At least **five** CMCs, inclusive of any that may be prescribed from time to time, should be selected from the list that are deemed to be critical for the Employee's/EMS member's specific job.

Core Management Criteria (CMCs)	Weight
1.	
2.	
3.	
4.	
5.	
<b>Total</b>	<b>100%</b>



## 7. CONDITIONS OF PERFORMANCE

The Employer shall provide the Employee/EMS member with the necessary resources and leadership to perform in terms of this agreement. Resource requirements should be outlined in the WORKPLANS of individual Employees/EMS members.

## 8. PERFORMANCE ASSESSMENT

The assessment of an Employee/EMS member shall be based on her/his performance in relation to the KRAs and CMCs and performance indicators, as set out in this PERFORMANCE AGREEMENT and attached WORKPLAN.

The performance of the employee in respect of all individual KRAs and all individual CMCs will be assessed using a 5 point rating scale, i.e.:

<b>5</b>	<b>OUTSTANDING PERFORMANCE</b>
<b>4</b>	<b>PERFORMANCE SIGNIFICANTLY ABOVE EXPECTATIONS</b>
<b>3</b>	<b>PERFORMANCE FULLY EFFECTIVE</b>
<b>2</b>	<b>PERFORMANCE NOT FULLY EFFECTIVE</b>
<b>1</b>	<b>UNACCEPTABLE PERFORMANCE</b>

The total KRAs and the total CMCs scores are combined to produce an overall performance percentage score with percentage ranges that coincide with the above 5 point assessment scale.

Employees/EMS members: KRAs shall contribute 70% and CMCs 30% of the final assessment.

## 9. FEEDBACK

Performance feedback shall be in writing on the September Review Form and Annual Review Form, based on the supervisor's assessment of the employee's/EMS member's performance in relation to the KRAs and CMCs and standards outlined in this performance agreement and taking into account the Employee's/PMS member's self-assessment.

**10. DEVELOPMENTAL REQUIREMENTS**

10.1 The Employer and Employee/EMS member agrees that the following are the Employee's/EMS member's key development needs in relation to his/her current job and envisaged career path in the Education sector. **Please forward the completed Form PDP to the Skills Development Facilitator** (as it is a requirement for the approval of training).

\* Only itemise development areas below

.....

.....

.....

.....

10.2 In so far as the above training needs coincide with the Employer's requirements and taking into account financial realities, the Employer undertakes to expose the Employee/EMS member to development in these areas. The developmental needs of the Employee/PMS member shall be reviewed as part of the September Review and the annual assessment of performance. Details of courses, conferences, etc. to be attended shall as far as possible be included in the Employee's/EMS member's PDP.

**11. TIMETABLE AND RECORDS OF REVIEW DISCUSSIONS AND ANNUAL ASSESSMENT**

11.1 First Quarter Review (Informal)	15 July
11.2 Half-Yearly Review (Formal)	15 October
11.3 Third Quarter Review (Informal)	15 January
11.4 Annual Review (Formal)	15 April

**12. MANAGEMENT OF POOR PERFORMANCE OUTCOMES**

The supervisor and employee will identify and develop interventions together to address poor and non performance at feedback sessions, or any time during the performance cycle.

**13. DISPUTE RESOLUTION**

13.1 Any dispute about the nature of the employee's/EMS member's PA, whether it relates to key responsibilities, priorities, methods of assessment and/or salary increment in this agreement, shall be mediated by:

.....(next person in hierarchy)

13.2 If this mediation fails, the normal grievance rules will apply.

**14. AMENDMENT OF AGREEMENT**

Amendments to the agreement shall be in writing and can only be effected after discussion and agreement by both parties.

**15. SIGNATURES OF PARTIES TO THE AGREEMENT**

The contents of this document have been discussed and agreed with the Employee/EMS member concerned.

Name of Employee/EMS member: .....

Signature: ..... Date: .....

*AND*

Name of supervisor: .....

Signature: ..... Date: .....

**ANNEXURE C2**

**EXAMPLE 1**

**WORKPLAN FOR THE PERIOD 1 April ..... to 31 March .....**

**EMS: OFFICE BASED**

**NAME:**.....

**PERSAL NO:** .....

<b>KEY RESULT AREA 1: OUTPUT:</b>					
KEY ACTIVITIES	PERFORMANCE STANDARDS		RESOURCE REQUIREMENTS		ENABLING CONDITIONS
	Indicators	Time (completed by)	Human resources	Financial resources	

<b>KEY RESULT AREA 2: OUTPUT:</b>					
KEY ACTIVITIES	PERFORMANCE STANDARDS		RESOURCE REQUIREMENTS		ENABLING CONDITIONS
	Indicators	Time (completed by)	Human resources	Financial resources	

**SIGNATURES:**

EMPLOYEE: ..... DATE: .....SUPERVISOR: ..... DATE: .....

**OR**

**EXAMPLE 2**

**WORKPLAN FOR THE PERIOD 1 April ..... to 31 March .....**

**EMS: OFFICE BASED**

**NAME:**.....

**PERSAL NO:** .....

KRA	PEFORMANCE STANDARDS	RESOURCE REQUIREMENTS	ENABLING CONDITIONS
1.			
2.			
3.			
4.			
5.			

**SIGNATURES:**

EMPLOYEE: ..... DATE: .....SUPERVISOR: ..... DATE: .....

OR

**EXAMPLE 3**

**WORKPLAN FOR THE PERIOD 1 April ..... to 31 March .....**

**EMS: OFFICE BASED**

**NAME:**.....

**PERSAL NO:** .....

KRA	KEY ACTIVITIES/ OUTPUTS	PERFORMANCE STANDARDS		RESOURCE REQUIREMENTS	ENABLING CONDITIONS
		TARGET DATE	INDICATOR		
1.					
2.					
3.					
4.					
5.					

**SIGNATURES:**

EMPLOYEE: ..... DATE: .....SUPERVISOR: ..... DATE: .....

OR

EXAMPLE 4

**WORKPLAN FOR THE PERIOD 1 April ..... to 31 March .....**

**EMS: OFFICE BASED**

**NAME:**.....

**PERSAL NO:** .....

OUTPUT	KEY ACTIVITIES	PERFORMANCE MEASURES		RESOURCE REQUIREMENTS		
		TARGET DATE	PERFORMANCE STANDARD	PERSONNEL	BUDGET	DONOR NEEDS
1.						
2.						
3.						
4.						
5.						

**SIGNATURES:**

EMPLOYEE: ..... DATE: .....SUPERVISOR: ..... DATE: .....

**ANNEXURE C4**

**PERSONAL DEVELOPMENT PLAN (PDP)**

**EMS: OFFICE BASED**

<b>DEPARTMENT</b>	
<b>OFFICE</b>	
<b>JOB TITLE</b>	
<b>INCUMBENT</b>	

**PURPOSE:** To enable the manager and the employee to identify skills development requirements and as a result agree on the steps taken to address those developmental gaps.

<b>AREA IDENTIFIED FOR DEVELOPMENT</b>	<b>OBJECTIVE OF DEVELOPMENT</b>	<b>TYPE OF INTERVENTION (SHORT COURSE, BURSARY)</b>	<b>QUARTER TARGETED</b>

You may attend a conference within the year that would be a substitute for any of the areas of development.

<b>CONFERENCES ATTENDED</b>	<b>TYPE OF CONFERENCE</b>

Signatures :

Employee : ..... Date ..... Supervisor: ..... Date.....

## IMPACT ASSESSMENT

IMPACT OF DEVELOPMENT ON WORK (AFTER SIX MONTHS)	
EMPLOYEE	SUPERVISOR/MANAGER

We, (Employee) and (Supervisor) agree that the above-mentioned areas for development and the type of intervention suggested would be engaged in to achieve the required objective for development. We also understand that due to the operational requirements and budget constraints of the Department (component/unit), it may not be possible to undertake the training and development stated with the type of invention stated and/or within the quarter of the year as stated. There is also an understanding between ourselves that areas for development could be identified throughout the year and that this may change the order of priority and type of intervention as stated in the plan.

Signatures :

Employee : ..... Date .....

Supervisor: ..... Date.....

**ANNEXURE C5**

**HALF-YEARLY REVIEW FORM**

**EMS: OFFICE BASED**

**Purpose:** To review, summarise and develop the work performance off all employees/EMS members.

**(Following completion of this form, a copy must be forwarded to the Section: HR Management)**

<b>NAME:</b>	<b>SUPERVISOR:</b>
<b>JOB TITLE:</b>	<b>OFFICE:</b>
<b>DATE OF REVIEW:</b>	<b>CURRENT NOTCH:</b>

**A. KEY RESULT AREAS (KRAs)**

(Rate all the KRAs included in the performance agreement)

<b>KRAs</b>	<b>Weighting</b>	<b>Own Assessment (1-5)</b>	<b>Supervisor's Assessment (1-5)</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
<b>TOTAL</b>	<b>100 %</b>		

**NOTE: WEIGHTING OF KRAs MUST TOTAL 100%**

This rating is based on my personal knowledge and observation of the employee's/ EMS member's performance. Supervisor: ..... Date:.....	
This rating has been discussed with me. Employee/ EMS member: ..... Date:.....	

**B. CORE MANAGEMENT CRITERIA (CMCs):**

(Rate the CMCs agreed upon in the performance agreement)

CMCs	Weighting	Own Rating (1-5)	Supervisor's Rating (1-5)
1.			
2.			
3.			
4.			
5.			
<b>TOTAL</b>	<b>100%</b>		

**NOTE: WEIGHTING OF CMC'S MUST TOTAL 100%**

**C. DEVELOPMENTAL AREAS**

Specify areas in which the employee/EMS member was developed as indicated in the Performance Agreement and Personal Development Plan, if not developed, state reasons why and specify dates when will this take place.


This rating is based on my personal knowledge and observation of the employee's/ EMS member's performance.	
Supervisor: .....	Date:.....
This rating has been discussed with me.	
Employee/ EMS member: .....	Date:.....

**D. MANAGING UNSATISFACTORY PERFORMANCE**

Identify unsatisfactory performance and state actions taken or to be taken by when and by whom.


**E. EMPLOYEE'S COMMENTS (Can include obstacles encountered and overcome) if applicable**


**Signature:** .....

**Date:** .....

**F. SUPERVISOR'S COMMENTS**


**Signature:** .....

**Date:** .....

**ANNEXURE C6**

**ANNUAL PERFORMANCE ASSESSMENT**

*EMS: OFFICE BASED*

***C O N F I D E N T I A L***

<b>Period under review</b>	
<b>Surname and initials</b>	
<b>Job title</b>	
<b>Current notch</b>	
<b>Persal Number</b>	
<b>Office</b>	
<b>Date of appointment to current notch</b>	

<b>Probation</b>	<b>Extended probation</b>	<b>Permanent</b>	<b>Contract</b>

(Tick the appropriate box)

**PART 1 – COMMENTS BY RATED EMPLOYEE**

(To be completed by the Employee prior to assessment. If the space provided is insufficient, the comments can be included in an attachment)

1. During the past year my major accomplishments as they related to my performance agreement were:


**SIGNATURES :**

Employee: ..... Date:.....Supervisor: ..... Date:.....

2. During the past year I was less successful in the following areas for the reasons stated:


**PART 2 – PERFORMANCE ASSESSMENT**

**Standard rating schedule for KRAs and CMCs**

<b>RATING</b>	<b>CATEGORY</b>	<b>%</b>	<b>DESCRIPTION</b>
<b>1</b>	UNACCEPTABLE PERFORMANCE	0% - 69%	Performance does not meet the standard expected for the job. The review/assessment indicates that the jobholder has achieved less than fully effective results against almost all of the performance criteria and indicators as specified in the Performance Agreement and Workplan.
<b>2</b>	PERFORMANCE NOT FULLY EFFECTIVE	70% - 99%	Performance meets some of the standards expected for the job. The review/assessment indicates that the jobholder has achieved less than fully effective results against more than half of the performance criteria and indicators as specified in the Performance Agreement and Workplan.
<b>3</b>	FULLY EFFECTIVE	100% - 114%	Performance fully meets the standard expected in all areas of the job. The review / assessment indicates that the jobholder has achieved as a minimum effective results against all of the performance criteria and indicators as specified in the Performance Agreement and Workplan.

**SIGNATURES :**

Employee: ..... Date:.....Supervisor: .....Date:.....

<b>4</b>	<b>PERFORMANCE SIGNIFICANTLY ABOVE EXPECTATIONS</b>	115% - 129%	Performance is significantly higher than the standard expected in the job. The review/assessment indicates that the jobholder has achieved better than fully effective results against more than half of the performance criteria and indicators as specified in the Performance Agreement and Workplan and fully achieved all others throughout the performance cycle.
<b>5</b>	<b>OUTSTANDING PERFORMANCE</b>	130% - 149%  150% +	Performance far exceeds the standard expected of a jobholder at this level. The review/assessment indicates that the jobholder has achieved better than fully effective results against all of the performance criteria and indicators as specified in the Performance Agreement and Workplan and maintained this in all areas of responsibility throughout the performance cycle.

**Rating of KRAs by Supervisor and Employee:**

Key Result Areas (KRAs)	Weight (%)	Own rating (1- 5)	Supervisor's rating (1- 5)	Moderating Committee's rating (1- 5)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
<b>Total (NOTE: Weighting of KRAs must total 100%)</b>	<b>100%</b>			
<b>Score according to calculator:</b>	<b>70%</b>			

**SIGNATURES :**

Employee: ..... Date:.....Supervisor: .....Date:.....

<b>Core Management Criteria – CMCs</b>	<b>Weight (%)</b>	<b>Own rating (1- 5)</b>	<b>Supervisor’s rating (1- 5)</b>	<b>Moderating Committee’s rating (1- 5)</b>
1.				
2.				
3.				
4.				
5.				
<b>Total (NOTE: Weighting of CMCs must total 100%)</b>	<b>100%</b>			
<b>Score according to calculator:</b>	<b>30%</b>			

**FINAL SCORE:**

<b>GRAND TOTAL</b>	<b>OWN RATING</b>	<b>SUPERVISOR’S RATING</b>	<b>MODERATING COMMITTEE’S RATING</b>
<b>KRA + CMC (70% + 30%)</b>			

**PART 3 – DEVELOPMENT, TRAINING, COACHING, GUIDANCE AND EXPOSURE NEEDED**

(To be completed by Supervisor in consultation with Employee/EMS member)


**SIGNATURES :**

Employee: ..... Date:.....Supervisor: .....Date:.....

**PART 4 – RECOMMENDATIONS/COMMENTS/DECISION**

**1. SUPERVISOR'S RECOMMENDATIONS**


**Name:** .....**Signature:** .....**Date:** .....

**2. EMPLOYEE / EMS MEMBER'S COMMENTS**


**Name:** .....**Signature:** .....**Date:** .....

**3. COMMENTS BY CHAIRPERSON OF MODERATING COMMITTEE**


**Name:** .....**Signature:** .....**Date:** .....

**SIGNATURES :**

Employee: ..... Date:.....Supervisor:.....Date:.....

**4. DECISION BY EXECUTIVE AUTHORITY OR HER/HIS DELEGATE**


**Name:** .....**Signature:** .....**Date:** .....

**ANNEXURE C7**

**PROBATION: QUARTERLY PERFORMANCE ASSESSMENT  
EMS: OFFICE BASED**

*Employees on probation must be assessed on a quarterly basis using this form as the point of departure.*

**C O N F I D E N T I A L**

Quarter	1	2	3	4
<b>Name:</b>				
<b>Job Title:</b>				
<b>Office:</b>				
<b>Date of appointment:</b>				
<b>Period of assessment:</b>	<i>(from ... to)</i>			
<b>Persal No.:</b>				

**PART 1: COMMENTS BY EMPLOYEE**

(To be completed by Employee, prior to assessment. If the space provided is insufficient, the comments can be included in an attachment)

1. During the past quarter my major accomplishments as they related to my job description/ Performance Agreement were:


2. During the past quarter I was less successful in the following areas for the reasons stated:


**Signatures :**

Employee : ..... Date:.....

Supervisor:..... Date.....

**PART 2: QUARTERLY PERFORMANCE ASSESSMENT**

**2.1 Rating of KRAs by Supervisor and Employee:**

Key Result Areas (KRAs)	Weight (%)	Own rating (1-5)	Supervisor's rating (1-5)	Moderating Committee's rating (1-5)
1.				<i>If applicable</i>
2.				
3.				
4.				
5.				
6.				
7.				
8.				
<b>Total (NOTE: Weighting of KRAs must total 100%)</b>	<b>100%</b>			
<b>Score according to calculator:</b>	<b>70%</b>			

**2.2 Rating of CMCs by Supervisor and Employee:**

Core Management Criteria – CMCs	Weight (%)	Own rating (1-5)	Supervisor's rating (1-5)	Moderating Committee's rating (1-5)
1.				<i>If applicable</i>
2.				
3.				
4.				
5.				
<b>Total (NOTE: Weighting of CMCs must total 100%)</b>	<b>100%</b>			
<b>Score according to calculator:</b>	<b>30%</b>			

Signatures :

Employee : ..... Date:.....

Supervisor:..... Date.....

**FINAL SCORE**

GRAND TOTAL	OWN RATING	SUPERVISOR'S RATING	MODERATING COMMITTEE'S RATING
KRA + CMC (70% + 30%)			<i>If Applicable</i>
FINAL SCORE			

**PART 3: TO BE COMPLETED BY THE SUPERVISOR**

**3.1** Employee to receive training for the following reasons: (Refer to PDP)

  

**3.2** Is the Employee correctly placed: YES ..... NO .....

**3.3** Upon expiry of his/her probationary period do you anticipate that he/she will be suitable for a permanent appointment? YES ..... NO .....

If the employee is not correctly placed, please consult the Manager: HR Management and Development.

**PART 4: TO BE COMPLETED BY EMPLOYEE**

**4.1** Employee's comments:

  
  
  
  

**Signatures :**

Employee : ..... Date:.....

Supervisor:..... Date.....

**PART 5: TO BE COMPLETED IN FOURTH QUARTER**

**5.1 Supervisor's recommendation/s at the end of the probationary period:**

(Please complete either 5.1.1 or 5.1.2)

**5.1.1** I recommend the confirmation of \_\_\_\_\_'s appointment, in view of the employee's diligence and because his/her conduct has been uniformly satisfactory.

**5.1.2** I recommend that \_\_\_\_\_'s probation be extended for a period of three/six/nine/twelve months for the following reasons:

-----  
**Signature**

-----  
**Name**

-----  
**Date**

**5.2. Employee's comments:**

-----  
**Signature**

-----  
**Name**

-----  
**Date**

**5.3 Recommendation/s in 5.1 approved in accordance with delegated authority.**

-----  
**Signature**

-----  
**Name**

-----  
**Date**

**Signatures :**

Employee : ..... Date:.....

Supervisor:..... Date.....

**Annexure C8**

**ANNUAL PERFORMANCE ASSESSMENT  
EMS: OFFICE BASED  
BIENNIAL SUMMATIVE SCORE SHEET  
(To be completed every two years)**

<b>SURNAME AND INITIALS</b>	
<b>PERSAL NUMBER</b>	
<b>JOB TITLE</b>	
<b>SCHOOL NAME</b>	
<b>PAY POINT</b>	

**2. AVERAGE SCORE OVER TWO YEARS**

<b>GRAND TOTAL</b>	<b>OWN RATING</b>	<b>SUPERVISOR'S RATING</b>	<b>MODERATING COMMITTEE'S RATING</b>
<b>A. Year: .....</b>			
<b>B. Year: .....</b>			
<b>AVERAGE SCORE OF A &amp; B (as a percentage)</b>			

**3. SUPERVISOR'S RECOMMENDATIONS**

**Name: ..... Signature: ..... Date: .....**

**4. EMPLOYEE / EMS MEMBER'S COMMENTS**

**Name:** ..... **Signature:** ..... **Date:** .....

**5. COMMENTS BY CHAIRPERSON OF MODERATING COMMITTEE**

**Name:** ..... **Signature:** ..... **Date:** .....

**6. DECISION BY EXECUTIVE AUTHORITY OR HER/HIS DELEGATE**

**Name:** ..... **Signature:** ..... **Date:** .....

***OFFICIAL STAMP:***