



Ministry of

ANNUAL PERFORMANCE AGREEMENT, for (..... Duration.....)

Name of Unit :

Responsible Officer/ Appraiser:

Responsible / Supportive Team:

Summary of Performance Plan

Thrust Areas selected	Activity code	Key Activities
	(with reference to the annual action plan of the institution)	

Final Review and Appraisal at the end of the Year :

Name of the Appraisee:

Name of the Appraiser:

Name of Moderator :

Signature:

Signature:

Signature