

No. _____

Employee Data Form

*The information in this form is to be treated as confidential,
as its intended use is for official purposes only. Your
cooperation in completing this data is appreciated.*

1.5" × 1.5"
Photograph

1. General:

- i. Name: _____
- ii. Father's Name: _____
- iii. Date of Birth: _____ Gender: Male Female
- iv. CNIC # (New): _____ CNIC # (Old): _____
(if available)
- v. Mailing/ Present Address: _____

- vi. Permanent Address: _____

- vii. Tel (Res): _____ Mobile: _____
- viii. Email: _____
- ix. Qualification: _____
- x. Job/ Post Recruited to (*in case of fresh appointment only*): _____
- xi. Present Post: _____ Supervisor: _____
- xii. Office/ Dept. _____
- xiii. Hiring Manager: _____
- xiv.
 - a. Medical Examination (*held at the time of recruitment*):
 Yes No
 - b. In case of already recruited employee, was medical examination conducted?
 Yes No

c. If the answer is Yes, date of last medical examination _____

xv. What was the result of last medical examination?

Satisfactory Un-satisfactory

If the answer is un-satisfactory, what were the observations? _____

xvi. Any disability existing at the time of recruitment? Yes No

If the answer is Yes, nature/ detail of injury _____

xvii. Whether this disability was taken into account at the time of allocation of work?
(valid only if the answer to the above question is Yes) Yes No

xviii. If the employee incurred an injury during his duty, what actions were taken by the management? _____

xix. Status: (please tick the relevant)

Permanent Contract Work based / per piece
 Daily Wages Probation Any other _____

In case of Permanent, is he registered with Social Security SC Dept. or EOBI?

In case of Contract, is it written? Yes No

xx. Last performance evaluation date: _____

xxi. Result of evaluation: Satisfactory Un-Satisfactory

Comments: (if any) _____

xxii. Date of Joining: _____

xxiii. Salary:
Amount _____ Interval of Payment: _____

xxiv. A/c Title: _____

xxv. A/c #: _____

xxvi. Bank's Name & Branch: _____

xxvii. In case of Emergency: *(please list at least one person)*

Contact Name: _____

Relation: _____ Phone Number: _____

2. Educational Background: *(in descending order)*

Sr. #	Qualification	Year	Division	Board/ University

3. Service Background: *(in descending order)*

Sr. #	Date From	Date To	Designation	Organization	City

4. Detail of Training: *(if any)*

Sr. #	Name of Training	Date From	Date To	Training Station

Acknowledgement

I affirm that, to the best of my knowledge, the information provided on this form is true and correct. I am aware that at any time during my employment, I may request reasonable accommodation for any disability that may arise.

Signature of employee

Date: _____

Signature of HR Representative

Date: _____

Instructions:

- This information form only needs to be completed one time to be placed in personal file maintained for each employee. All prospective and previous documentation for each employee may also be placed in the same file.
- The principal purpose for requesting the information on this form is for personnel administration. Therefore, the organization is supposed to keep it confidential.
- This is not an employment form, merely an information sheet. The employee may be required to provide additional documentation and sign other contracts/ forms in case of fresh appointment.
- Complete information must be provided. In case of insufficient space on the form, additional sheet may be attached.
- If you have both NICs Old & New, write both Nos.
- The employee concerned must sign this form.
- This form must also be signed by the office in-charge of the concerned official/ officer.
- Job description shall be well defined by the organization for each employee separately (Annex – I).
- The organization is required to conduct an annual evaluation of all the employees on “Annual Evaluation Form (Annex – II)”, and maintain a record of it as well.
- The employee record file shall be maintained by the HR department.
- The employee shall be examined by medical doctor once a year and the records of medical examination may also be kept in file.

5. Job Description: (Annex – I)

(to be described by the organization for each employee separately)

i. _____

ii. _____

iii. _____

iv. _____

v. _____

vi. _____

vii. _____

viii. _____

ix. _____

x. _____

Employee Evaluation Form (Annex - II)

Employee Name: _____

Job Title: _____

Department: _____

Period of Evaluation: From _____ To: _____

Time in Current Position: _____ Years _____ Months _____ Days

PART I – INSTRUCTIONS TO RATER/ EVALUATOR

The “overall performance” evaluation should reflect the employees’ total performance, including the performance factors as related to the employees’ responsibilities and duties as set forth in the job description, behavioral traits and supervisory factors, if applicable.

The following rating scale guide is being provided to assist the evaluator in assigning the most appropriate measurement of the employees’ performance factors, behavioral traits and supervisory factors.

- 1 = Unacceptable** – Consistently fails to meet job requirements; performance clearly below minimum requirements. Immediate improvement required to maintain employment.
- 2 = Needs Improvement** – Occasionally fails to meet job requirements; performance must improve to meet expectations of position.
- 3 = Meets Expectations** – Able to perform 100% of job duties satisfactorily. Normal guidance and supervision are required.
- 4 = Exceeds Expectations** – Frequently exceeds job requirements; all planned objectives were achieved above the established standards and accomplishments were made in unexpected areas as well.
- 5 = Superior** – Consistently exceeds job requirements; this is the highest level of performance that can be attained.

Note:

- A rating of Unacceptable (1), Needs Improvement (2) or Superior (5) requires comments.
- All the columns may not be relevant to all employees. If any column is not applicable, it should be marked as “Not Applicable (NA)”.

PART II – PERFORMANCE FACTORS

1. **Knowledge, Skills, Abilities** – Consider the degree to which the employee exhibits the required level of job knowledge and/ or skills to perform the job and this employee’s use of established techniques, materials and equipment as they relate to performance.

Unacceptable Superior

1 2 3 4 5

Comments: _____

2. **Quality of Work** – Does the employee complete assignments meeting quality standards? Consider accuracy, neatness, thoroughness and adherence to standards and safety rules.

Unacceptable Superior

1 2 3 4 5

Comments: _____

3. **Quantity of Work** – Consider the results of this employee’s efforts. Does the employee demonstrate the ability to manage several responsibilities simultaneously; perform work in a productive and timely manner; meet work schedules?

Unacceptable Superior

1 2 3 4 5

Comments: _____

4. **Work Habits** – To what extent does the employee display a positive, cooperative attitude toward work assignments and requirements? Consider compliance with established work rules and organizational policies.

Unacceptable Superior

1 2 3 4 5

Comments: _____

5. **Communication** – Consider job related effectiveness in dealing with others. Does the employee express idea clearly both orally and in writing, listen well and respond appropriately?

Unacceptable Superior

1 2 3 4 5

Comments: _____

PART III – BEHAVIORAL TRAITS

1. **Dependability** – Consider the amount of time spent directing this employee. Does the employee monitor projects and exercise follow-through; adhere to time frames; is on time for meetings and appointments; and responds appropriately to instructions and procedures?

Unacceptable Superior

1 2 3 4 5

Comments: _____

2. **Cooperation** – How well does the employee work with co-workers and supervisors as a contributing team member? Does the employee demonstrate consideration of others; maintain rapport with others; help others willingly?

Unacceptable Superior

1 2 3 4 5

Comments: _____

3. **Initiative** – Consider how well the employee seeks and assumes greater responsibility, monitors projects independently, and follows through appropriately.

Unacceptable Superior

1 2 3 4 5

Comments: _____

4. **Adaptability** – Consider the ease with which the employee adjusts to any change in duties, procedures, supervisors or work environment. How well does the employee accept new ideas and approaches to work, respond appropriately to constructive criticism and to suggestions for work improvement?

Unacceptable Superior

1 2 3 4 5

Comments: _____

5. **Judgment** – Consider how well the employee effectively analyzes problems, determines appropriate action for solutions, and exhibits timely and decisive action; thinks logically.

Unacceptable Superior

1 2 3 4 5

Comments: _____

6. **Attendance** – Consider number of absences, use of annual and sick leave in accordance with Factory/ Company Policy.

Unacceptable Superior

1 2 3 4 5

Comments: _____

-
7. **Punctuality** – Consider work arrival and departure in accordance with departmental and Company policy.

Unacceptable Superior

1 2 3 4 5

Comments: _____

8. **Motivational Skills** – Ability to motivate others which results in the desired outcome (perform a task, change of attitude, etc.).

Unacceptable Superior

1 2 3 4 5

Comments: _____

PART IV – SUPERVISORY FACTORS

1. **Leadership** – Consider how well the employee demonstrates effective supervisory abilities; gains respect and cooperation; inspires and motivates subordinates; directs work group toward common goal.

Unacceptable Superior

1 2 3 4 5

Comments: _____

2. **Delegation** – How well does the employee demonstrate the ability to direct others in accomplishing work; effectively select and motivate staff; define assignments; oversee the work of subordinates?

Unacceptable Superior

1 2 3 4 5

Comments: _____

3. **Planning and Organizing** – Consider how well the employee plans and organizes work; coordinates with others, and establishes appropriate priorities; anticipates future needs, carries out assignments effectively.

Unacceptable Superior

1 2 3 4 5

Comments: _____

4. **Administration** – How well does the employee perform day-to-day administrative tasks; manage time; administer policies and implement procedures; maintain appropriate contact with supervisor and utilize funds, staff or equipment?

Unacceptable Superior

1 2 3 4 5

Comments: _____

PART V – OVERALL PERFORMANCE

Please use this space to describe the overall performance rating. The overall rating should be a reflection of the performance factors, behavioral traits and supervisory factors.

Rater: _____

Date: _____

Reviewer: _____

Date: _____

PART VI – TO THE EMPLOYEE

I have been advised of my performance ratings. I have discussed the contents of this review with my supervisor. My signature does not necessarily imply agreement. My comments are as follows (optional) (attach additional sheets if necessary):

Signature: _____

Date: _____

APPENDIX 1: ESTABLISHMENT OF OBJECTIVES FOR THE COMING YEAR

With reference to the position responsibilities, list below the goals, objectives, projects or special assignments which should be continued and/ or completed in the coming year. It is understood that these goals, objectives etc. are subject to adjustment or change as situations and priorities change. This section should be detached and kept in departmental files so that it can be updated as the situation warrants and so that it can be used to assist the rater/ evaluator at the end of the next evaluation period. Attach a copy of this completed form to the performance evaluation.

GOALS/ OBJECTIVES/ MAJOR DUTY/ PROJECT/ SPECIAL ASSIGNMENTS

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Supervisor's Signature: _____

Date: _____

Employee's Signature: _____

Date: _____