**P104b Instructional Page**

* Please note that form P104B is different than the performance evaluation form made available on Inspira.
* Please follow instructions issued by your local HR office on which form you must use for performance evaluations and whether you need to complete the evaluation offline and/or in Inspira.

|  |  |  |
| --- | --- | --- |
| **U N I T E D N A T I O N S** | P2C2T1#yIS1 | **N A T I O N S U N I E S** |

PERFORMANCE EVALUATION for CONSULTANTS and INDIVIDUAL CONTRACTORS

 [ ] INTERIM EVALUATION (*Mandatory after 6 MONTHS of SERVICE*)

 [ ] FINAL EVALUATION (*Mandatory upon COMPLETION of ASSIGNMENT regardless of duration*)

|  |  |
| --- | --- |
| Name of Consultant/Contractor:       | Index No:       |
| Department:       | Contract No:       |

ASSESSMENT OF QUALITY OF WORK

|  |  |  |  |
| --- | --- | --- | --- |
| All goals outlined in the Terms of Reference have been met. (See Section 1 of Forms P.104 and P.104/A )If **NO**, please explain:       | [ ] YES | [ ] NO | [ ] PARTLY |
| If **partly**, please specify:       |
| All deadlines established in the Terms of Reference have been met. (See Section 1 of Forms P.104 and P.104/A)If **NO**, please explain:       | [ ] YES | [ ] NO | [ ] PARTLY |
| If **partly,** please specify:       |
| Please provide a detailed assessment of the following: |  |  |  |
| *QUALITY OF WORK:*  |  |  |  |
| *RESULTS ACHIEVED:*  |  |  |  |
| *SKILLS (STRENGTHS, WEAKNESSES as related to accomplishment of goals):*  |  |  |  |

OVERALL PERFORMANCE RATING

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  **Excellent** | [ ]  **Good** | [ ]  **Satisfactory** | [ ]  **Unsatisfactory** | [ ]  **Payment Withheld** |
|  | (No further contracts to be granted) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Would you consider re-engaging the consultant/contractor | (a) In the same field? | [ ]  Yes |  | [ ]  No |
|  | (b) In another field? | [ ]  Yes |  | [ ]  No |
| If YES, what field? |        |  |  |
| (c) Include him/her in a roster? | [ ]  Yes | [ ]  No | [ ]  already rostered |

|  |
| --- |
| ***FI N AL REM ARKS***  |
| *Name/Title/Signature of Head of Department:*  | *Date:*  |
| *Name/Title/Signature of Official in Charge of Project:*  | *Date:*  |

PLEASE FORWARD COPY TO EXECUTIVE OFFICER