

Staff Daily Work Book

NYANDARUA COUNTY ASSEMBLY



OFFICE OF THE CLERK

**STAFF DAILY WORKBOOK, MONTHLY
PLANNER AND SCORECARD**

(Staff Performance Appraisal Monitoring and Evaluation Tools)

Department/ Section :
Name of Staff :
Staff Designation :

FINANCIAL YEAR 2018/19

“Unless commitments is made, there only promises and hopes; but no plans - Peter F. Drucker”

This Booklet is a Property of Nyandarua County Assembly

VISION

To be an exemplary County Assembly within the Commonwealth

MISSION

To Effectively Represent, Legislate and Provide Oversight for Sustainable Development of Nyandarua County

CORE VALUES

Accessibility

Accountability

Equity

Integrity

Team work

Innovation

Note: *It is the personal responsibility of individual staff to ensure that the duly filled staff daily workbook, monthly planner and scorecard are submitted to the HRD not later than 5th of the subsequent month.*

NYANDARUA COUNTY ASSEMBLY
OFFICE OF THE CLERK

DAILY STAFF ATTENDANCE AND WORKSHEET

Name of Staff:

Staff PF No:

Designation:

Job Group/ Scale:

Department:

Section:

MONDAYDay of2019

Time in : Sign:

Time out: Sign:

TASK'S UNDERTAKEN	REMARKS <i>(e.g. completed or not completed)</i>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

FOR OFFICIAL USE ONLY:

Remarks by the Employee's Immediate Supervisor:

.....
.....
.....

Name:

Designation:

Sign:

Date:

NYANDARUA COUNTY ASSEMBLY
OFFICE OF THE CLERK

DAILY STAFF ATTENDANCE AND WORKSHEET

Name of Staff:

Staff PF No:

Designation:

Job Group/ Scale:

Department:

Section:

TUESDAYDay of2019

Time in : Sign:

Time out: Sign:

TASK'S UNDERTAKEN	REMARKS <i>(e.g. completed or not completed)</i>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

FOR OFFICIAL USE ONLY:

Remarks by the Employee's Immediate Supervisor:

.....
.....
.....

Name:

Designation:

Sign:

Date:

NYANDARUA COUNTY ASSEMBLY
OFFICE OF THE CLERK

DAILY STAFF ATTENDANCE AND WORKSHEET

Name of Staff:

Staff PF No:

Designation:

Job Group/ Scale:

Department:

Section:

WEDNESDAYDay of2019

Time in : Sign:

Time out: Sign:

TASK'S UNDERTAKEN	REMARKS <i>(e.g. completed or not completed)</i>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

FOR OFFICIAL USE ONLY:

Remarks by the Employee's Immediate Supervisor:

.....
.....
.....

Name:

Designation:

Sign:

Date:

NYANDARUA COUNTY ASSEMBLY OFFICE OF THE CLERK

DAILY STAFF ATTENDANCE AND WORKSHEET

Name of Staff:

Staff PF No:

Designation:

Job Group/ Scale:

Department:

Section:

THURSDAYDay of2019

Time in : Sign:

Time out: Sign:

TASK'S UNDERTAKEN	REMARKS <i>(e.g. completed or not completed)</i>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

FOR OFFICIAL USE ONLY:

Remarks by the Employee's Immediate Supervisor:

.....

.....

.....

Name:

Designation:

Sign:

Date:

NYANDARUA COUNTY ASSEMBLY
OFFICE OF THE CLERK

DAILY STAFF ATTENDANCE AND WORKSHEET

Name of Staff:

Staff PF No:

Designation:

Job Group/ Scale:

Department:

Section:

FRIDAYDay of2019

Time in : Sign:

Time out: Sign:

TASK'S UNDERTAKEN	REMARKS <i>(e.g. completed or not completed)</i>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

FOR OFFICIAL USE ONLY:

1. Remarks by the Employee's Immediate Supervisor:

.....
.....
.....

Name:

Designation:

Sign:

Date:

2. Weekly Remarks by the Employee's Immediate Supervisor:

.....
.....
.....

Name: **Designation:**

Sign: **Date:**

3. Weekly Remarks by the HoD or Director:

.....
.....
.....
.....

Name: **Designation:**

Sign: **Date:**

Annex II: Staff Monthly Planner and Scorecard

SPA 02

NYANDARUA COUNTY ASSEMBLY

OFFICE OF THE CLERK

STAFF MONTHLY PLANNER & SCORECARD

MONTH: YEAR:

Name of Staff: Designation: Staff PF No:

Job Group/ Scale: Department: Section:

KRAs	Target Objectives	Tasks to be undertaken	Deliverables/ Outputs	Week (1,2,3,4,5)	Remarks <i>(e.g. Done or Not Done)</i>
KRA 1					
KRA 2					
KRA 3					

KRAs	Target Objectives	Tasks to be undertaken	Deliverables/ Outputs	Week (1,2,3,4,5)	Remarks (e.g. Done or Not Done)
KRA 4					
KRA 5 / Others					

Comments by staff regarding performance within the month:

.....

.....

.....

Challenges experienced and Remedial actions undertaken or proposed:

.....

.....

.....

FOR OFFICIAL USE ONLY:

Remarks by the Employee's Immediate Supervisor:

.....
.....
.....

Name: **Designation:**

Sign: **Date:**

Remarks by the Hod/ Director:

.....
.....
.....

Name: **Designation:**

Sign: **Date:**

Annex III: Staff Monthly Planner and Scorecard

REPUBLIC OF KENYA

NYANDARUA COUNTY ASSEMBLY

OFFICE OF THE CLERK



Office Tel: 0743-079333
P.O. Box 720-20303- OL KALOU

Building: County Assembly Chambers, Ol'Kalou
Email: info@assembly.nyandarua.go.ke
Email: clerk@assembly.nyandarua.go.ke

AWAY FROM DUTY STATION

1. Staff Particulars:

Name of Staff: Staff PF No:
Designation: Job Group/ Scale:
Department: Section:

2. Reason(s) for being away:

i)
ii)

3. Duration the staff will be away

From:/...../2019 To:/...../2019
Signature: Date:

4. Comments by Immediate Supervisor:

.....
.....

Name: Designation:
Signature: Date:

5. Comments/ Approval by HoD/ Director:

.....
.....

Name: Designation:
Signature: Date:

*Note: 1. It's a misconduct to be away from the work station without approval by your immediate supervisor
2. Duly filled and signed form to be deposited with the HR Department before proceeding to be away.*