

Annex to Administrative Instruction ICC/AI/2013/004 on Probationary Period and Performance
Appraisal

FORM



Cour
Pénale
Internationale

International
Criminal
Court

Le Greffe
The Registry

PROBATIONARY PERIOD PERFORMANCE APPRAISAL REPORT

I. Staff member's details

Last name, first name	Probationary Performance Period From: To:
Functional Title and Level	Name of appraiser (immediate supervisor)
Organ/Division/ Section/ Unit	Name of reviewer
Duration of Appointment From: To:	Duration of Probationary Period From: To:

II A. Performance objectives

Work plan: (What is to be accomplished within Probationary Period)	Progress towards, or achievement of, objective at time of appraisal: (Indicate appropriate box)		
	First appraisal	Additional appraisal (where applicable)	Final appraisal
Objective 1:	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>
Objective 2:	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>

* If unsatisfactory, give full particulars using Section X of this Annex

Objective 3:	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>
Objective 4:	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>
Objective 5:	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>

II B. Core competencies appraisal

At the beginning of the performance period, please select the most relevant competencies related to the achievement of the objectives by marking the check box. You may limit them to 3 competencies. At the end of each period, please provide a rating.

For a detailed description of the behavioural indicators, please refer to the "ICC Competencies Booklet".

ICC core competencies	Level of achievement		
	First appraisal	Additional appraisal	Final appraisal
<input type="checkbox"/> Dedication to the mission and values	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>
<input type="checkbox"/> Professionalism	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>
<input type="checkbox"/> Teamwork	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>
<input type="checkbox"/> Learning and developing	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>
<input type="checkbox"/> Handling uncertain situations	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>
<input type="checkbox"/> Interaction	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>
<input type="checkbox"/> Realising objectives	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>
<input type="checkbox"/> Additional job-specific competency (to be specified)	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>
<input type="checkbox"/> Suitability to work for the Court, in particular upholding the highest standards of efficiency, competence and integrity	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>

III. Summary performance rating

First appraisal	Additional appraisal	Final appraisal
Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory* <input type="checkbox"/>
Date: _____ Signature of immediate supervisor: _____	Date: _____ Signature of immediate supervisor: _____	Date: _____ Signature of immediate supervisor: _____
I have seen the appraisal of the immediate supervisor and was afforded an opportunity to provide comments. Date: _____ Signature of staff member: _____	I have seen the appraisal of the immediate supervisor and was afforded an opportunity to provide comments. Date: _____ Signature of staff member: _____	I have seen the appraisal of the immediate supervisor and was afforded an opportunity to provide comments. Date: _____ Signature of staff member: _____
Date: _____ Signature of reviewer: _____	Date: _____ Signature of reviewer: _____	Date: _____ Signature of reviewer: _____

IV. Comments by the Staff member in relation to recommendation at the end of probationary period[†]

Staff member's comments, if any:

Signature of staff member: _____ Date: _____

[†] The staff member shall return the form to Human Resources at the earliest convenience and no later than five days after its receipt.

V. Recommendation

It is recommended that:

- ☐ The appointment be confirmed
- ☐ The appointment not be confirmed
- ☐ The probationary period be extended for an additional period of _____

Justification for extension:

Signature of immediate supervisor: _____ Date: _____

Approval of reviewer: _____ Date: _____

Comments by Reviewer, if any:

VI. Decision by Registrar/Prosecutor

- ☐ The appointment be confirmed
- ☐ The appointment not be confirmed
- ☐ The probationary period be extended for an additional period of _____[‡]

Signature of Registrar or Prosecutor: _____ Date: _____

[‡] Where the probationary period is extended use a new form "PROBATIONARY PERIOD PERFORMANCE APPRAISAL REPORT" and attach it to the first one that was completed.

The below section is only to be completed in case of extended probationary period

VII. Comments by the Staff member in relation to recommendation at the end of extended probationary period, where applicable

Staff member's comments, if any:

Signature of staff member:

Date:

VIII. Recommendation

It is recommended that:

☐

The appointment be confirmed

☐

The appointment not be confirmed

Justification for extension:

Signature of immediate supervisor:

Date:

Approval of reviewer:

Date:

Comments by reviewer, if any:

IX. Decision by Registrar/Prosecutor

☐

The appointment be confirmed

☐

The appointment not be confirmed

Signature of Registrar or Prosecutor:

Date:

X. Description of unsatisfactory performance

First appraisal

Description of unsatisfactory nature of the staff member's performance:

I recommend that the staff member takes the following action to improve performance:

Signature of immediate supervisor: _____ Date: _____

Comments by staff member, if any:

Signature of staff member : _____ Date: _____

Interim appraisal

Description of unsatisfactory nature of the staff member's performance:

I recommend that the staff member takes the following action to improve performance:

Signature of immediate supervisor: _____ Date: _____

Comments by staff member, if any:

Signature of staff member : _____ Date: _____

Final appraisal

Description of unsatisfactory nature of the staff member's performance:

Signature of immediate supervisor: _____ Date: _____

Comments by staff member, if any:

Signature of staff member : _____ Date: _____