

Evaluation of Best Employee's Workstation Form
(Evaluation by Team Leader)

**Please Tick (/)*

Quarter 1 (Jan – Mar)		Quarter 2 (Apr – June)	
Quarter 3 (Jul - Sept)		Quarter 4 (Oct – Dec)	

Audit Date/Time : _____

Proposed Best Employee's Workstation:

i) _____

SECTION A (Criteria of Evaluation):

Criteria	Percentage (%)	Evaluation (%)
Sort : Keep only necessary items in the workplace	20%	
Set in Order : Arrange Item to promote efficient workflow	20%	
Shine : Clean the work area so it is neat and tidy	20%	
Standardize : Set standards for a consistently organized workplace	20%	
Systematize : Maintain and review standards	20%	
TOTAL	100%	

SECTION B (Calculation - 40%):

$\frac{\quad}{100} \times 40\%$	Total: _____ %
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(_____)

Name : _____
Team Leader : _____
Date : _____

Evaluation of Best Employee's Workstation Form
(Evaluation by Deputy Director)

**Please Tick (/)*

Quarter 1 (Jan – Mar)		Quarter 2 (Apr – June)	
Quarter 3 (Jul - Sept)		Quarter 4 (Oct – Dec)	

Audit Date/Time : _____

List of Proposed Best Employee's Workstation from Units:

- | | |
|------------|-------------|
| i) _____ | vi) _____ |
| ii) _____ | vii) _____ |
| iii) _____ | viii) _____ |
| iv) _____ | ix) _____ |
| v) _____ | x) _____ |

Section A (Criteria of Evaluation)

Criteria	Percentage (%)	Name	Evaluation (%)	Name	Evaluation (%)
Sort : Keep only necessary items in the workplace	20%	i)		vi)	
		ii)		vii)	
		iii)		viii)	
		iv)		ix)	
		v)		x)	
Set in Order : Arrange Item to promote efficient workflow	20%	i)		vi)	
		ii)		vii)	
		iii)		viii)	
		iv)		ix)	
		v)		x)	
Shine : Clean the work area so it is neat and tidy	20%	i)		vi)	
		ii)		vii)	
		iii)		viii)	
		iv)		ix)	
		v)		x)	
Standardize : Set standards for a consistently organized workplace	20%	i)		vi)	
		ii)		vii)	
		iii)		viii)	
		iv)		ix)	
		v)		x)	

Criteria	Percentage (%)	Name	Evaluation (%)	Name	Evaluation (%)
Systematize : Maintain and review standards	20%	i)		vi)	
		ii)		vii)	
		iii)		viii)	
		iv)		ix)	
		v)		x)	
TOTAL	100%	i)		vi)	
		ii)		vii)	
		iii)		viii)	
		iv)		ix)	
		v)		x)	

(_____)

Deputy Director, ITD

Name : _____

Date : _____

**To be filled in by the Secretariat*

Section B (Calculation – 60%) : Evaluation by Deputy Director

_____ x 60 % 100	i) _____ = ____ %	vi) _____ = ____ %
	ii) _____ = ____ %	vii) _____ = ____ %
	iii) _____ = ____ %	viii) _____ = ____ %
	iv) _____ = ____ %	ix) _____ = ____ %
	v) _____ = ____ %	x) _____ = ____ %

Section C (Overall Marks) : Evaluation by Team Leader (40%) and Deputy Director (60%)

Grand Total (100%): _____ (40%) + _____ (60%) = _____ %	i) _____ = ____ %	vi) _____ = ____ %
	ii) _____ = ____ %	vii) _____ = ____ %
	iii) _____ = ____ %	viii) _____ = ____ %
	iv) _____ = ____ %	ix) _____ = ____ %
	v) _____ = ____ %	x) _____ = ____ %

(_____)

Name : _____

Date : _____