**MANAGER’S/LINE SUPERVISOR’S ASSESSMENT**

**SKILLS, KNOWLEDGE AND ATTRIBUTES OF EMPLOYEE**

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| The purpose of this document is to collect and record information which relates to an employee’s generic skills, knowledge and attributes from a manager/line supervisor or an employee who has direct working knowledge of the employee who has been formally declared excess to requirements pursuant to the *South Australian Modern Public Sector Enterprise Agreement: Salaried 2017*.The information received will be discussed with the employee and will assist in the development of the employee’s Redeployment Plan. |

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| **Manager’s/Line Supervisor’s name and contact information:** |  |
| **Employee’s Name:** |  |
| **Substantive Classification Level:** |  |
| **Division:** |  |
| **Case Manager and contact information:** |  |

**Qualifications**

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| Provide details of the person’s qualifications, licences and any work clearances that you are aware of and may have recorded. Where relevant include any expiration date(s) if known. |

**Skills, Knowledge and Attributes**

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| Provide a brief summary of your view of the person’s skills, knowledge and attributes. *Consider such elements as interpersonal skills, quality of work (accuracy, output, attention to detail), supervisory and management skills, reliability, initiative, willingness to learn, time management, work attitude and ability to cooperate with others.* |
| If an industry or occupational assessment has been undertaken of the employee’s skills, which is accepted by your agency, please provide information about this assessment and attach relevant documentation. |

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| Outline below if there are any alternative roles, duties or positions internally or externally, to which you have or would consider the employee to be well suited. This may include other career pathways which are not necessarily aligned with past/present work, i.e. known areas of interest, your observations of key strengths etc. |

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| **Documentation**Please attach to this document the current:* Job and Person Specification/Role Statement,
* Performance Review Development Plan,
* any Learning and Development Plans, and
* resume (if available).

If you do not have these documents, advise the name of the previous manager/supervisor who can provide these*A Checklist is provided at the end of this document to ensure all relevant documentation is referred to the Case Manager* |

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| Does the employee have:

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| --- | --- |
| a Return to Work Plan? | Yes 🞎 No 🞎 N/A 🞎 |
| a temporary or permanent workplace restriction/s? | Yes 🞎 No 🞎 N/A 🞎 |
| any agreed workplace adjustments due to a temporary or permanent physical or mental disability? | Yes 🞎 No 🞎 N/A 🞎 |
| specific agreed flexible work arrangements? | Yes 🞎 No 🞎 N/A 🞎 |

Summarise the details below. |

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| **Manager’s/Supervisor’s declaration**  |
| I confirm that this employee has no documented work performance issues that may prevent them from being placed in continuing employment.If the employee has documented work performance issues that may prevent them from being placed into continuing employment relevant documents must be available if requested by the Case Manager and the employee who has been declared excess. |
| I confirm that this employee has no documented temporary or permanent medical incapacity issues that may prevent them from being placed in continuing employment.If the employee has documented medical issues relevant information must be available if requested by the Case Manager and the employee who has been declared excess. |

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| **Manager’s/Supervisor’s declaration sign off**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /20  |

**CHECKLIST**

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| **No:** | **DOCUMENTATION** | **YES/NO** | **N/A** |
| 1 | Job & Performance Specification/Role Statement |  |  |
| 2 | Performance Review Development Plan |  |  |
| 3 | Learning and Development Plan |  |  |
| 4 | Resume |  |  |
| 5 | Return to Work Plan |  |  |
| 6 | Workplace restrictions |  |  |
| 7 | Workplace adjustments |  |  |
| 8 | Approval of specific flexible work arrangements |  |  |
| 9 | Any assessment of the employee’s skills against an industry or occupational assessment, which is accepted by your agency |  |  |