



**OFFICE OF THE PUBLIC SERVICE COMMISSION  
PMS Work Attachment Form**

**To be filled in by the officer who will be attending the PMS Work attachment**

<b>Name</b>		<b>HoD/ Supervisor</b>	
<b>Ministry</b>		<b>Qualification (if applicable)</b>	
<b>Position</b>		<b>Work Experience</b>	
<b>Division</b>		<b>No. of days of attachment</b>	

**General Questions:**

1. Please outline your core duties/ core functions involving PMS?

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2. Have you attended a PMS Training before? (Please circle)

Yes      No

3. If you answered yes, please circle which PMS training(s) you have attended. If no, please skip to Question 4.

PMS Awareness      Supervisor& Monitoring      Benchmark & Evaluation      Other: \_\_\_\_\_

4. What is your level of understanding of PMS? (Please circle- 1- very poor, 5 excellent)

1      2      3      4      5

5. What do you hope to have learnt during the attachment period?

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6. What area of PMS do you feel your Ministry needs most assistance with?

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CEO/HoD's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Malo 'aupito! We look forward to working with you!