

## A. Guide on How to Calibrate CY 2021 Office Performance Targets

### Reminders:

- a. This Office Performance Calibration Form shall be accomplished by the Head of Office/Functional Division/Unit.
- b. Using the initial draft of the 2021 OPCRf and other as references as may be applicable (e.g., *approved Work and Financial Plan*), revisit and review your performance objectives, timelines, weights, and indicators for 2021.
- c. Determine which among your office objectives, timelines, weights, and indicators need to be adjusted due to factors that are beyond the control of the office.

### Instructions:

1. Using **Annex B-1**, indicate in the **OPCRf CONTENT** column the area of the OPCRf that needs to be amended. You may calibrate the following: *objectives, timeline, weight, and performance indicators (quality, efficiency, timeliness)*.
2. In the next column, fill out the **PROPOSED AMENDMENT** indicating the proposed change in your 2021 OPCRf.
3. Under the **JUSTIFICATION** column, indicate the specific reason/s why the said area needs to be amended or calibrated. Justifiable or valid reasons for calibration shall be those factors that are considered beyond the control of the office. The specific reasons and possible considerations should fall under the following parameters:
  - a. Changes/adjustments on the strategic directions and/or reprioritization of programs, activities, projects anchored on and in support to the implementation of the Basic Education Learning Continuity Plan (BE-LCP), as approved by the Head of Office;
  - b. Changes/adjustments in the systems, processes, and strategies involved in the delivery and/or performance of planned/committed targets due to the pandemic (e.g. use of alternative strategies and remote modalities); and
  - c. Changes/adjustments in necessary administrative, procurement, financial, and other processes and procedures that are outside the control of the office.
4. The **RATER REMARKS** column shall be accomplished by the designated Rater, as provided in DO No. 2, s. 2015 (DepEd RPMS Guidelines).
5. The accomplished form should be signed by the Ratee, Rater, and endorsed to the designated PMT, through the PMT Secretariat. The PMT shall review and recommend the Office Performance Calibration Form to the Approving Authority for approval or disapproval vis-a-vis the set parameters.
6. Upon signing by the Approving Authority, the Office Performance Calibration Form (Annex B-1) shall be returned to Head of Office for documentation purposes until a date for the submission of the calibrated OPCRf has been issued by the respective Personnel Division/Section/Unit.
7. Guided by the duly approved Office Performance Calibration Form (**Annex B-1**), the Head of Office/Functional Division/Unit shall reflect the calibrated performance objectives, indicators, and/or timelines (whichever is applicable) on the 2021 OPCRf.
8. The Calibrated 2021 OPCRf shall be the basis of the office performance review and evaluation (Phase III) by the authorized Rater and Approving Authority as prescribed in

DO No. 2, s. 2015, for review and approval. Initial self-rating shall be encouraged prior to the Rater-Ratee discussion.

## B. Guide on How to Calibrate CY 2021 Individual Performance Targets

### Reminders

- a. This Individual Performance Calibration Form shall be accomplished by individual personnel.
- b. Using the calibrated 2021 OPCRF and other references as may be applicable (*e.g., approved Work and Financial Plan*), revisit and review your performance objectives, timelines, weights, and indicators for 2021.
- c. Determine which among your office objectives, timelines, weights, and indicators need to be adjusted due to factors that are beyond the control of the individual employee.

### Instructions

1. Using **Annex B-2**, indicate in the **IPCRF CONTENT** column the area of the IPCRF that needs to be amended. You may calibrate the following: *objectives, weight per KRA, timeline, and performance indicators (quality, efficiency, timeliness)*. Ensure that the changes to be made are aligned with the approved calibrated 2020 OPCRF.
2. In the next column, fill out the **PROPOSED AMENDMENT** indicating the proposed change in your 2021 IPCRF.
3. Under the **JUSTIFICATION** column, indicate the specific reason/s why the said area needs to be amended or calibrated. Justifiable or valid reasons for calibration shall be those factors that are considered beyond the control of the individual personnel. The specific reasons and possible considerations should fall under the following parameters:
  - a. Changes/adjustments on the strategic directions and/or reprioritization of programs, activities, projects anchored on and in support to the implementation of the Basic Education Learning Continuity Plan (BE-LCP), as approved by the Head of Office;
  - b. Changes/adjustments in the systems, processes, and strategies involved in the delivery and/or performance of planned/committed targets due to the pandemic (*e.g. use of alternative strategies or remote modalities*); and
  - c. Changes/adjustments in necessary administrative, procurement, financial, and other processes and procedures that are outside the control of the office.
4. The **RATER REMARKS** column shall be accomplished by the designated Rater, as provided in DO No. 2, s. 2015 (DepEd RPMS Guidelines).
5. The accomplished form should be signed by the Ratee, Rater, and Approving Authority.
6. Upon signing by the Approving Authority, the Individual Performance Calibration Form (Annex B-2) shall be returned to Head of Office for documentation purposes until a date for the submission of the calibrated IPCRF has been issued by the respective Personnel Division/Section/Unit.
7. Guided by the duly approved Individual Performance Calibration Form, the individual personnel shall reflect the calibrated performance objectives, indicators, and/or timelines (whichever is applicable) on the initial 2021 IPCRF.
8. The Calibrated 2021 IPCRF shall be the basis of the individual performance review and evaluation (Phase III) by the authorized Rater and Approving Authority as prescribed in

DO No. 2, s. 2015, for review and approval. Initial self-rating shall be encouraged prior to the Rater-Ratee discussion.

## Office Performance Calibration Form

| # | ORIGINAL<br>OPCRF<br>CONTENT<br>(Based on<br>approved 2021<br>OPCRF)                                                               | Proposed Amendment                                      | Justification                                                                                           | Rater Remarks                                                                                    | PMT<br>Recommendation                                                                        |
|---|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 1 | <b>Example - Objective:</b><br>Obj. 1: Released draft policy on Enhanced DepEd RPMS Guidelines to Bureau Director by December 2021 | Remove Obj. 1 and reschedule for CY December 2022       | Due to COVID-19, there was a reprioritization of office PAPs                                            | <input type="checkbox"/> Approved<br><input type="checkbox"/> Disapproved<br>Remarks:            | <input type="checkbox"/> Recommended<br><input type="checkbox"/> Not recommended<br>Remarks: |
| 2 | <b>Example - Timeline:</b><br>Obj. 3 timeline is August 2021                                                                       | Change Obj 3 timeline from August 2021 to December 2021 | Adjusted timeline because of change in program design of the activity                                   | <input checked="" type="checkbox"/> Approved<br><input type="checkbox"/> Disapproved<br>Remarks: | <input type="checkbox"/> Recommended<br><input type="checkbox"/> Not recommended<br>Remarks: |
| 3 | <b>Example - Weight per KRA:</b><br>Obj 7 weight is 15%                                                                            | Change Obj 7 weight to 20%                              | There was a need to adjust the weight for Obj. 7 due to reprioritization of office PAPs                 | <input type="checkbox"/> Approved<br><input type="checkbox"/> Disapproved<br>Remarks:            | <input type="checkbox"/> Recommended<br><input type="checkbox"/> Not recommended<br>Remarks: |
| 4 | <b>Example - Performance Indicator:</b>                                                                                            | Change Efficiency Performance Indicator to:             | Due to COVID-19 pandemic and community quarantine restrictions, face-to-face activities are not allowed | <input type="checkbox"/> Approved<br><input type="checkbox"/> Disapproved                        | <input type="checkbox"/> Recommended<br><input type="checkbox"/> Not recommended             |

| # | ORIGINAL<br>OPCRF<br>CONTENT<br>(Based on<br>approved 2021<br>OPCRF)                                                                                                                                                                                                                                                              | Proposed Amendment                                                                                                                                                                                                                                                   | Justification | Rater Remarks | PMT<br>Recommendation |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|-----------------------|
|   | Obj 9 Conducted capacity building to field personnel (Efficiency Performance Indicator):<br><br>5-Conducted workshop in all target regions<br>4-Conducted workshop in at least 14 regions<br>3-Conducted workshop in at least 10 regions<br>2-Conducted workshop in at least 7 regions<br>1-Conducted workshop in below 7 regions | 5-Conducted online workshop in all target regions<br>4-Conducted online workshop in at least 14 regions<br>3-Conducted online workshop in at least 10 regions<br>2-Conducted online workshop in at least 7 regions<br>1-Conducted online workshop in below 7 regions |               | Remarks:      | Remarks:              |

\*Add rows as may be necessary

Prepared by: \_\_\_\_\_

Endorsed by: \_\_\_\_\_

\_\_\_\_\_  
Name of Ratee and Position  
Date: \_\_\_\_\_

\_\_\_\_\_  
Name of Rater and Position  
Date: \_\_\_\_\_

Recommended by: \_\_\_\_\_

Approved by: \_\_\_\_\_

\_\_\_\_\_  
Name of PMT Chair or Designated PMT Representative  
Date: \_\_\_\_\_

\_\_\_\_\_  
Name of Authority and Position  
Date: \_\_\_\_\_

## Individual Performance Calibration Form

| # | IPCRF CONTENT<br>(Based from approved IPCRF)                                                                                                                   | Proposed Amendment                                                                                                                                                                                                  | Justification                                                                                           | Rater Remarks                                                                         |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 1 | <b>Example - Objective:</b><br>Obj. 1: Drafted revised policy on the RPMS Guidelines                                                                           | Remove Obj. 1 and reschedule for CY December 2021                                                                                                                                                                   | Due to COVID-19, there was a reprioritization of office PAPs                                            | <input type="checkbox"/> Approved<br><input type="checkbox"/> Disapproved<br>Remarks: |
| 2 | <b>Example - Timeline:</b><br>Obj. 3 timeline is May 2020                                                                                                      | Change Obj 3 timeline from May 2021 to August 2021                                                                                                                                                                  | Adjusted timeline because of change in program design of the activity                                   | <input type="checkbox"/> Approved<br><input type="checkbox"/> Disapproved<br>Remarks: |
| 3 | <b>Example - Weight per KRA:</b><br>Obj 7 weight is 15%                                                                                                        | Change Obj 7 weight to 10%                                                                                                                                                                                          | There was a need to adjust the weight for Obj. 7 due to reprioritization of office PAPs                 | <input type="checkbox"/> Approved<br><input type="checkbox"/> Disapproved<br>Remarks: |
| 4 | <b>Example - Performance Indicator:</b><br>Obj 9 Provided technical assistance to personnel on the crafting of their IPCRF (Efficiency Performance Indicator): | Change Efficiency Performance Indicator to:<br>5-Provided technical assistance to 100% RO personnel through virtual meeting<br>4-Provided technical assistance to at least 80% RO personnel through virtual meeting | Due to COVID-19 pandemic and community quarantine restrictions, face-to-face activities are not allowed | <input type="checkbox"/> Approved<br><input type="checkbox"/> Disapproved<br>Remarks: |

|                                                               |                                                                                       |  |  |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------|--|--|
| 5-Provided technical assistance to 100% RO personnel          | 3- Provided technical assistance to at least 60% RO personnel through virtual meeting |  |  |
| 4- Provided technical assistance to at least 80% RO personnel | 2-Provided technical assistance to at least 40% RO personnel through virtual meeting  |  |  |
| 3- Provided technical assistance to at least 60% RO personnel | 1- Provided technical assistance to below 39% of RO personnel through virtual meeting |  |  |
| 2- Provided technical assistance to at least 40% RO personnel |                                                                                       |  |  |
| 1- Provided technical assistance to below 39% of RO personnel |                                                                                       |  |  |

*\*Add rows as may be necessary*

Prepared by:

Endorsed by:

Name of Ratee and Position  
Date: \_\_\_\_\_

Name of Rater and Position  
Date: \_\_\_\_\_  
Approved by: \_\_\_\_\_

Name of Authority and Position  
Date: \_\_\_\_\_