## 13937 Workplace assignments

Specific Outcome 1: Monitor office supplies levels; Specific Outcome 2: Maintain office supplies processes and procedures; Specific Outcome 3 Monitor and control the distribution of office supplies

### Activity 1.1 Work sample

You have to monitor, control and distribute stationery at the college, your place of work or any other organisation such as the local community centre, church, etc. The supervisor or your mentor has to complete the checklist.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity: learner has to** | | **Yes** | **No** | **Remarks** | |
| Identify and record levels of office supplies | |  |  |  | |
| Compare levels with office requirements | |  |  |  | |
| Check records to make sure that the requirements of the organisation are complied with | |  |  |  | |
| Take remedial action to rectify office supply levels | |  |  |  | |
| Identify procedures for the distribution of office supplies | |  |  |  | |
| Communicate these procedures to staff | |  |  |  | |
| Receive and record office supply requests | |  |  |  | |
| Distribute office supplies in time and according to the procedures of the organisation | |  |  |  | |
| Monitor and evaluate office supply procedures and processes | |  |  |  | |
| Identify and highlight out-of-line situations | |  |  |  | |
| Take remedial action to rectify out-of-line situations | |  |  |  | |
| Identify areas for improvement | |  |  |  | |
| Report to management and make suggestions for improvements | |  |  |  | |
|  |  | |  | |  |
| Supervisor/mentor signature | Date | | Learner signature | | Date |

Also attach copies of stock sheets where you have issued and replenished office supplies.

Your supervisor has to confirm that this is your work by signing the documents.

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| **LOGBOOK 13937** | | | | |
| **Date** | **Assignment No** | **Start** | **Finish** | **Total Hours** |
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| Date | Candidate signature | Date | Mentor/supervisor signature | |

# ASSESSMENT REVIEW

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME of LEARNER** | | | | | **NAME of ASSESSOR** | | | | | |
| **VENUE** | | | | | **DATE of REVIEW** | | | | | |
| **UNIT STANDARD** | | 13937 Monitor and control office supplies | | | | | | | | |
| **Review Dimension** | | | | **ASSESSOR** | | **LEARNER/**  **CANDIDATE** | | **ACTION** | | |
| The principles/criteria for good assessment were achieved? | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| The assessment related to the registered unit standard? | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| The assessment was practical? | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| It was time efficient and cost-effective and did not interfere with my normal responsibilities? | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| The assessment instruments were fair, clear and understandable | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| The assessment judgements was made against set requirements | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| The venue and equipment was functional? | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| Special needs were identified and the assessment plan was adjusted | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| Feedback was constructive against the evidence required | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| An opportunity to appeal was given | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| The evidence was recorded | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| **LEARNER”S DECLARATION OF UNDERSTANDING** | | | | | | | | | | |
| I am aware of the moderation process and understand that the moderator could declare the assessment decision invalid | | | | | | | | | | |
|  | | |  | | | | | |  | |
| **Learner** | **Date** | | **Assessor** | | | | **Date** | | **Moderator** | **Date** |

## Candidate Feedback Report

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Candidate's Name |  | | | | ID No. |  |
| Assessor's Name |  | | | | Reg. No. |  |
| Unit Standard Title | 13937 Monitor and control office supplies | | | | | |
| **ASSESSMENT DECISION** | | | | | | |
| Source of Evidence | | C | NYC | Comments | | |
| Assessments | |  |  |  | | |
| Product | |  |  |  | | |
| Indirect Evidence | |  |  |  | | |
| Overall Assessment Decision | | | |  | | |
| Additional Notes | | | |  | | |
| Date | | | |  | | |
|  | | | |  | | |
| Signature of Assessor | | | | Signature of Candidate | | |

## Candidate Appeal Form

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate's Name: | | ID No. |  |
| Assessor's Name: | | Reg. No. |  |
| Unit Standard Title: | | 13937 Monitor and control office supplies | |
| Date: | |  | |
| SECTION 1 | |  | |
| Candidate's reason for disagreeing with the assessment decision |  | | |
| Assessor's rationale for the assessment decision |  | | |
| Candidate's signature |  | | |
| Assessor's signature |  | | |
| SECTION 2 |  | | |
| Moderator's decision |  | | |
| Moderator's signature |  | | |

Please send this form to:

## Assessor's Report

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Candidate's Name |  | | | | | ID No. |  |
| Assessor's Name |  | | | | | Reg. No. |  |
| Unit Standard Title | 13937 Monitor and control office supplies | | | | | | |
| ASSESSMENT DECISION | | | | | | | |
| Specific Outcome | | C | | NYC | Comments | | |
| Monitor office supplies levels | |  | |  |  | | |
| Maintain office supplies processes and procedures | |  | |  |  | | |
| Monitor and control the distribution of office supplies | |  | |  |  | | |
| Overall Assessment Decision | | | | |  | | |
| Comments | | | | |  | | |
| Date | | | | |  | | |
|  | | |  | | | | |
| Signature of Assessor | | | Signature of Candidate | | | | |

## Moderator's Report

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Moderator's Name |  | | | | Reg. No. | |  |
| Assessor's Name |  | | | | Reg. No. | |  |
| Candidate's Name |  | | | | ID No. | |  |
| Unit Standard Title | 13937 Monitor and control office supplies | | | | | | |
| **MODERATION DECISION** | | | | | | | |
| Specific Outcome | | | C | NYC | | Comments | |
| Monitor office supplies levels | | |  |  | |  | |
| Maintain office supplies processes and procedures | | |  |  | |  | |
| Monitor and control the distribution of office supplies | | |  |  | |  | |
| Overall Moderation Decision | | | | | |  | |
| Feedback to Assessor | | | | | |  | |
| Action Required | | | | | |  | |
| Date of Moderation | | | | | |  | |
| Signature of Moderator | |  | | | | | |
| Signature of Assessor | |  | | | | | |
| Signature of Candidate | |  | | | | | |