

UNIVERSITY OF NIGERIA, NSUKKA



ANNUAL APPRAISAL FORM AAF/02 JUNIOR STAFF

TO BE COMPLETED IN TRIPLICATE BY APPRAISEE)

| Period of Report | |
|------------------|----|
| From | To |
| | |

PART I

PHONE NO.:

1a STAFF FILE NO.: _____

1b. NAME IN FULL: _____
(Surname) (First) (Middle) S

2. SEX _____ 3. MARITAL STATUS: _____

4. AGE LAST DATE OF BIRTH: _____

5. DATE OF BIRTH

| | | |
|---|---|--|
| / | / | |
|---|---|--|

(Day) (Month) (Year)

6. **QUALIFICATIONS:** (Degrees, Diploma, Certificates & Memberships)

| S/N | Institutions attended | Qualifications | Subjects passed and grades | Date Attained |
|-----|-----------------------|----------------|----------------------------|---------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |

7. **TRAINING COURSE(S) EXAMINATIONS TAKEN DURING THE APPRAISAL PERIOD UNDER REVIEW (ATTACH PHOTOCOPY OF RELEVANT DOCUMENT(S))**

| S/N | COURSE (S) EXAMINATIONS | RESULTS/CERTIFICATES OBTAINED | DATE |
|-----|-------------------------|-------------------------------|------|
| A | | | |
| B | | | |
| C | | | |
| D | | | |

8. LEAVE RECORDS:

| S/N | | State details with dates |
|-----|------------------|--------------------------|
| A | ANNUAL LEAVE | |
| B | SICK LEAVE | |
| C | MATERNITY LEAVE | |
| D | LEAVE OF ABSENCE | |
| E | CASUAL LEAVE | |
| F | EXAMINATION | |

**9. PREVIOUS CAREER EXPERIENCE OUTSIDE THE UNIVERSITY
(HIGHLIGHT THE RELEVANT ONES)**

| S/N | Establishmet | Post held | Period | Reasons for leaving service |
|-----|--------------|-----------|--------|-----------------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |

10. CAREER WITHIN THE UNIVERSITY

| S/N | | POST | Year | Scale CONTISS |
|-----|----------------------|------|------|------------------|
| A | Appointed | | | |
| B | Promoted | | | |
| C | Converted/Harmonized | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |

11. PRESENT SALARY: CONTISS ----- STEP -----

12. STATE BELOW IN ORDER OF IMPORTANCE, THE MAIN DUTIES PERFORMED DURING THE PERIOD OF REPORT: -----

13. ANY ADDITIONAL (E.G. ACTING) DUTIES:

| Post held/Acted for | From | To |
|---------------------|------|----|
| | | |
| | | |
| | | |
| | | |

14. I HEREBY DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

APPRAISAL NAME: -----

APPRAISAL SIGNATURE: -----

DATE:-----

PART II

SECTION A (85 MARKS)

(To be completed by Employee's Immediate Supervisor/Head of Department)

Section A (70 Marks)

i. Certification (delete as appropriate)

I certify/do not that the information, (including qualifications supplied by the staff in Part 1 is correct to the best of my knowledge.

Name of Supervisor/Head of Department: _____

Signature of Supervisor/Head of Department: _____

ii. Head of Department's performance rating for appraisal period under review:

Rating Guide

**7=Highly Excellent; 6=Excellent; 5=Very Good; 4=Good
3=Satisfactory; 2=Poor 1=Very Poor 0=Fail**

| | Parameters | Maximum Points | Excellent | Very Good | Good | Satisfactory | Poor | Very Poor |
|----|------------------------------------|----------------|-----------|-----------|------|--------------|------|-----------|
| a. | Additional relevant qualifications | 7 | | | | | | |
| b. | Punctuality to work | 7 | | | | | | |
| c. | Regularity at work | 7 | | | | | | |
| d. | Health as it affects work | 7 | | | | | | |
| e. | Initiative at work | 7 | | | | | | |
| f. | General Cooperation | 7 | | | | | | |
| g. | Reliability in accomplishing tasks | 7 | | | | | | |
| h. | Acceptance of responsibility | 7 | | | | | | |
| i. | Quality of work | 7 | | | | | | |
| j. | Quality of output | 7 | | | | | | |

Peculiar cadres - 30
Negative Points - 5

SECTION B: PECULIAR CADRES

- | | | |
|-----------|--|------------------------------------|
| a. | Cleaner Messenger (30 points) | Scored Awarded |
| i | Cleaning capabilities if assigned area | - 6points <input type="checkbox"/> |
| ii | Preservation of cleaning environments | - 6points <input type="checkbox"/> |
| iii | Dispatches mails as and when due | - 6points <input type="checkbox"/> |
| iv | Knowledge of mails and delivery | - 6points <input type="checkbox"/> |
| v | Public relations and rapour | - 6points <input type="checkbox"/> |
| | | |
| b. | Security Staff only (30 points) | |
| i | Presence at duty post | - 6points |
| ii | Ability to detect, check and prevent social anomaly within duty post | - 6points |
| iii | Documents of criminal report, etc | - 6points |
| iv | Obedience to constituted authority in willingness to accept orders | - 6points |
| v | Dressing and comportment | - 6points |
| | | |
| c. | Others (30 Points) | |
| i | Oral communication | - 6points |
| ii | Written expression | - 6points |
| iii | Comportment at work | - 6points |
| iv | Ability to complete assignment on schedule | - 6points |
| v | Ability to uphold confidentiality | - 6points |

SECTION C: Negative Points (5 points) for all staff)

1. Negative attributes shall be scored in assessing overall performance

- | | | | |
|-----|---|---|--------------------|
| i | Letter of warning | - | 2points per letter |
| ii | Letter of reprimand | - | 1point per letter |
| iii | Letter of query | - | 1point |
| iv | Letter of adverse report on disciplinary case | - | 1point per letter |

2. Total Score earned for the appraisal year is equal to:

Total marks obtained in 'Section A' plus total marks obtained in 'Section B' minus total marks obtained in 'Section C'

Total Score = A + B - C =

3. OVERALL PERFORMANCE (TICK AS APPROPRIATE)

| A | b | C | d |
|----------|------------------|----------|--------------------|
| Promote | Normal Increment | Warning* | Withhold Increment |
| 60-100% | 50-59% | 40-49% | Less than 40% |

To be circulated to affected staff by Department Appraisal Committee

4. Comments by Employee

I certify that I have seen and discussed with my Supervisor/Head of Department the contents of this report. I wish to comment as follow:

Signature: ----- Date: -----

5. Final comments by Head of Department: -----

Name of Head of Department: -----

Signature: Date:.....

PART III

To be completed by Faculty/Unit Appraisal Committee

1 Total score: Percentage score:

2 Recommendations: Promote/Do not promote/convert:

Post in view:

With effect from:

Name of Chairman: Date:

Distribution

- i. Original to the PAR, Personnel Service
- ii. Duplicate to the Dean/Head of admin. Unit
- iii. Triplicate to the Head of Department