



ADAMAWA STATE UNIVERSITY, (ADSU) MUBI
(Office of the Registrar)

ESTABLISHMENT DIVISION

File/JP NO:

ANNUAL PERFORMANCE EVALUATION REPORT
[Junior Administrative, Technical and Professional Staff CONTISS 1 – 5 Only]

Period of Report from 1st October 20to 30th September 20..... Session

PART A:

(To be completed by member of staff)

A. PERSONAL PARTICULARS AND ACADEMIC RECORD

1. Name:
(Surname) (Other names)
2. Department/Unit:
3. Date and Place of Birth:
4. State of Origin:
5. L.G.A.:
6. Nationality:
7. Marital Status:
8. Gender:
9. Tel: E-Mail:
10. Present Rank and Grade Level with Step:
11. a) Date, Rank and Grade Level on First Appointment with ADSU:
.....
b) Date of 1st Appointment Elsewhere (If on Transfer of Service):
.....
c) Type of Appointment with ADSU: Tenure/Contract/Secondment

12. Date of Confirmation of Appointment:

13. Date and Rank of Last Promotion:

14. **Membership of Professional Bodies (if any):**

S/No.	Professional Body/Organization
a.	
b.	
c.	

15. **Educational/Professional Qualifications with Institutions and Dates:**

S/No.		Period		
		From	To	

16. **Trade Test Certificate/Driving License Obtained (for Technicians, Artisans and Drivers only)**

S/No.		Period		
		From	To	

17. **Work Experience with Dates**

S/No.	Employer	Period		Post Held
		From	To	

18. **Period of Leave of Absence from the University:**

S/N	Destination	Dates	Date of Resumption of Duty

19. **In-service Training Attended since Appointment/Last Promotion:**

S/No.		Period		
		From	To	

20. **Period of Leave (List period of sick, casual and maternity leave)**

S/No.	From	To	No. of Days	Full/half without pay	Remarks

21. **State below in order of importance the main duties performed in the University during period of report:**

.....

22. **Comments, if any on duties performed during the period of report. Are you satisfied with your performance or not? If not, suggest how your performance can be improved:**

.....
.....
.....

Name and Signature of staff: Date:

**PART B:
REPORT OF SUPERVISING/REPORTING OFFICER**

1. To be completed by the Supervising/Reporting Officer.
 - (a) How effective is he/she in the performance of his/her duties set out in 21? Comment freely on the comments and suggestions made by the staff in 22 above.....
.....
 - (b) If staff is on CONTISS 4 and above:
 - (i) Has the staff supervisory potential? Yes/No
 - (ii) What do you reckon is his/her ultimate potential in supervisory role and at what level?
.....
 - (iii) Is further training necessary? If so, what type of training and when?

2.
 - (a) Has the member of staff been given query? Yes/No
 - (b) Has he/she been reprimanded verbally or in writing at departmental level? Yes/No
 - (c) Has he/she ever been recommended to the Registrar for a letter of warning? Yes/No
 - (d) Has he/she ever been suspended by the Registrar? Yes/No

PART C:

TO BE FILLED BY SUPERVISING/REPORTING OFFICER

Annual cognitive, professional skills and attitudinal assessment from 1st Oct, 20.... To 30th Sept, 20....

S/No	ITEM	MAXIMUM OF 10 POINT FOR EACH ITEM
1.	Readiness to accept responsibility	
2.	Diligence and efficiency	
3.	Quality of work	
4.	Honesty and integrity	
5.	Initiative	
6.	Punctuality	
7.	Dependability	
8.	Attitude to work	
9.	Working with others	
10.	Others (Specify)	
	Total Score	

Note:

1. Excellent (80% and above)
2. Very Good (70 – 79 %)
3. Good (60 – 69%)
4. Satisfactory (50 – 59%)
5. Not Satisfactory (40 – 49)
6. Poor (Below 40%).

PART D:

TO BE COMPLETED BY STAFF BEING ASSESSED

Tick whichever is applicable

- (a) I agree with the above assessment ()
- (b) I disagree with the above assessment ()
- (c) Any other comments

.....

.....

Name and Signature of staff:Date:

PART E:
HOD'S RECOMMENDATION

(a) Promotion to the post of.....

Tick whichever is applicable

(b) Confirmation of appointment to retiring age of 60 years ()

(c) No Change of status but increase in normal steps ()

(d) Commendation ()

(e) Disciplinary action to be taken against him/her by the Registrar for the following seasons:

.....
.....

(f) Any other recommendation(s)

.....

Head of Department:

(Name in block letters)

Designation:

Signature: Date:

PART F:
TO BE COMPLETED BY STAFF BEING ASSESSED

I have seen the contents of this Report, and have discussed with my Head of Department. I have following comments to add:

.....
.....
.....

Name and Signature of Officer reported on:

PART G:
TO BE FILLED BY THE ESTABLISHMENT DIVISION.

Scores Obtained in the Last Two (2) years

- i. Year: Scores:
- ii. Year: Scores:
- iii. Current Year: Scores:

Signature of Establishment Secretary