



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

**ESTABLISHMENT DIVISION**

File/SP No: .....

**ANNUAL PERFORMANCE EVALUATION REPORT**  
[Senior Administrative, Technical and Professional Staff CONTISS 6 – 15 Only]

**Period of Report from 1<sup>st</sup> October 20 .....to 30<sup>th</sup> 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 1<sup>st</sup> 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 Qualification:**

S/No.	Academic Professional (Honorary Degree not included) University Degree/Diploma	Class (if any) and Specialization	Awarding Institution	Date

16. **Work Experience with Dates:**

S/No.	Employer	Designation	Nature of Duty	Date

17. **State any post(s) higher than your own in which you have acted for 3 months and more:**

.....

.....

.....

.....

18. **Schedule of Duties in the University during the Period of Report (Give brief description):**

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

19. **Give any other information (including other activities in the University outside normal schedule) that you feel might help in your appraisal exercise.**

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

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

S/N	Destination	Dates	Date of Resumption of Duty

\* A staff on leave of absence is not eligible for promotion for the period.

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

S/No.		Period		
		From	To	

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

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

23. **University Community Service (e.g. membership of committee, responsibilities held, part time teaching etc.)**

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.....

.....

24. **Public Service (i.e. other activities outside the University that you consider necessary and important to you and the University)**

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.....

Name and Signature of staff: ..... Date: .....

## PART B

### TO BE FILLED BY SUPERVISING/REPORTING OFFICER

Annual Cognitive, Professional Skills and Attitudinal Assessment from 1<sup>st</sup> Oct, 20.... To 30th  
Sept, 20....

S/No	ITEM	MAXIMUM OF 10 POINTS 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)	
	<b>Total Score</b>	

**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 C**

**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 D:**

**THE SUMMARY OF THE ASSESSMENT IS THAT HE/SHE IS:**

- a) Qualified to take the duties of: .....
- b) Qualified but not sufficiently mature to take the duties of: .....
- c) Not competent to undertake the duties of: .....

**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 for the following reason (s): .....

.....  
.....

- (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 the 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**