



# YOBE STATE UNIVERSITY

KM 7, Sir Kashim Ibrahim Way, P.M.B. 1144, Damaturu, Yobe State, NIGERIA

## OFFICE OF THE REGISTRAR

HUMAN RESOURCES DEVELOPMENT DIVISION

### ANNUAL PERFORMANCE EVALUATION REPORT FORM

**CONFIDENTIAL**

Period of Report \_\_\_\_\_

Staff File No. R/YSU/SP \_\_\_\_\_

Staff I.D. No. \_\_\_\_\_

#### PART A

(TO BE COMPLETED BY MEMBERS OF STAFF IN DUPLICATE)

**Note:** (Information should be Clear Handwriting)

1. Name: (*Underline Surname*) \_\_\_\_\_
2. Date of Birth \_\_\_\_\_
3. Faculty \_\_\_\_\_
4. Department \_\_\_\_\_
5. Phone No. \_\_\_\_\_
6. Email Address. \_\_\_\_\_
7. APPOINTMENTS/PROMOTIONS: \_\_\_\_\_

Promotion	Date	Position	Salary
First Appointment			
1 <sup>st</sup> Promotion			
2 <sup>nd</sup> Promotion			
3 <sup>rd</sup> Promotion			
4 <sup>th</sup> Promotion			
5 <sup>th</sup> Promotion			
Current Rank			

**Academic Staff Only**

**ACADEMIC QUALIFICATION**

<b>Degree</b>	<b>Date</b>	<b>Institution</b>	<b>Specialization</b>
B.A; B. Ed; B. Sc; LLB;			
M.A; M.Sc; M.Ed; LLM;			
PhD; MPhil.			

**7(a). ACHIEVEMENT(S) SINCE LAST PROMOTION**

Please attach additional publications, Conference Papers, Reports on On-going Research, etc.

**7(b). LIST OF PUBLICATIONS**

(Please use a separate form [II] specifically designed for this purpose and attach photocopies of all publications).

**Note:** Journals published by Colleges of Education and Polytechnics would not be accepted for assessment.

**8. COURSES TAUGHT DURING THE PERIOD OF REPORT (i.e. last two semesters).**

Give Course codes and units per Semester. Where there were more than one instructor for a course, indicate your own contribution and teaching load.

<b>S/No</b>	<b>Course Code</b>	<b>Units</b>	<b>Contact Hours (per week)</b>	<b>If shared, state your contact hours/contribution</b>	<b>Semester</b>
i.					
ii.					
iii.					
iv.					
v.					
vi.					
vii.					
viii.					
ix.					
x.					
xi.					
xii.					
<b>Total Contact Hours</b>					

**9. PROFESSIONAL PRACTICE (You may wish to attach a report)**

**Academic Staff Only**

ACADEMIC/ADMINISTRATIVE RESPONSIBILITY/LEADERSHIP WITHIN AND OUTSIDE THE UNIVERSITY WHICH MAY BE SUPPORTED BY CLEAR EVIDENCE OF SUCH RESPONSIBILITY/LEADERSHIP (e.g Deputy Vice-Chancellorship, Deanship, Directorship, Membership of Boards and Committees).

S/NO.	POSITION	PERIOD

**11. (TO BE COMPLETED BY A STAFF APPLYING FOR PROMOTION/UPGRADING)**

- i. Date of 1<sup>st</sup> Appointment with the University: \_\_\_\_\_
- ii. Current Rank: \_\_\_\_\_
- iii. Date of last Promotion: \_\_\_\_\_
- iv. Rank Applied for Promotion: \_\_\_\_\_
- v. Nature of Promotion: a: Normal  b: Accelerated
- vi. Time in Rank Required: \_\_\_\_\_
- vii. Current time in Rank with effect from the date of last promotion: \_\_\_\_\_
- viii. Number of point in publication required for promotion to the rank applied: \_\_\_\_\_
- ix. Number of point acquired in publication for promotion to the rank applied : \_\_\_\_\_
- x. Reason for applying for the promotion: \_\_\_\_\_  
\_\_\_\_\_

**12. ANY OTHER INFORMATION THAT MAY ASSIST THE COMMITTEE IN DETERMINING YOUR PERFORMANCE DURING THE YEAR.**

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**Academic Staff Only**

**13. CERTIFICATE**

I: \_\_\_\_\_ of the department of \_\_\_\_\_ do here by certify that the above information given by me are correct and are in accordance with the criteria for the Appointments, Appraisal and Promotions in Yobe State University and that if found otherwise, disciplinary actions should be applied against me

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

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**PART B**

(This section is to be completed by the Head of Department. The Dean is expected to complete this part in respect of Heads of Department).

**14. ASSESSMENT AND COMMENTS BY THE HEAD OF DEPARTMENT**

**(A) Certification of the Information contained in Part A.**

I certify that, to the best of my knowledge, the information contained in Part A is correct.

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**(b) Eligibility Score** (For Qualifications – only the highest achievement will be considered in scoring. Seven (7) points for Masters Degree and Ten (10) points for PhD. Degree).

Area of Scoring	Professor	Reader	Senior Lecturer	Lecturer I	Lecturer II	Assistant Lecturer	Graduate Assistant
Qualification							
Teaching Experience at University Level							
Time in Rank							
Teaching Load							
Professional/ Practical Activities							
Research/Publications							
Academic/Admin. Leadership							
Community/Public Service							
<b>TOTAL SCORE</b>							

**Academic Staff Only**

(C) Assessment of Publications.

Please complete a separate form (II) designed for this purpose.

(D) General Comments by the Head of Department.

i) I endorse the application of the staff based on the following reasons:

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ii) I do not endorse the application of the staff based on the following reason:

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\_\_\_\_\_  
NAME (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Head of Department

NOTE: Heads of Department are enjoined to make their recommendations in accordance with the (2022) reviewed criteria for Appointments, Appraisal and Promotions in Yobe State University's Regulations.

**PART C**

*(To be completed by the Dean)*

15. COMMENTS BY THE DEAN

(a) I endorse the comments and recommendations of the Head of Department for the following reason:

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(b) I do not concur with the comments and recommendations of the Head of Department for the following reasons:

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NAME (Print)

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Date

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Signature of Dean

**PART D**

16. COMMENTS BY THE VICE-CHANCELLOR

The Vice-Chancellor is expected to complete Parts B & C above in respect of Appraisal Forms from the Deputy Vice-Chancellors, Deans, Directors and Professors.

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Date

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Signature of the Vice-Chancellor