

Junior Staff Only



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 FOR STAFF ON CONUNASS 1-6

CONFIDENTIAL

Period of Report _____

Staff File No. R/YSU/JP _____

Staff I.D. No. _____

PART A

Note: This form should be completed by all Junior Staff and to be submitted to the Junior Staff Unit, Establishment Division through the Head of Departments.

PART A

1. Name: _____
(Surname) (Other Names)
2. (a) Date of Birth: _____ (b) Married/Single: _____
3. (a) Registered Domicile: _____ (b) Phone Number _____
4. Department: _____
5. Department: _____
6. Date, Rank, CONTISS, and Step on First Appointment: _____

7. Date of Confirmation of Appointment: _____
8. Date of Last Promotion: _____
9. Present Rank: _____

Junior Staff Only

10. Education/Professional Qualification(s) with dates since First appointment

| Name of Schools Attended | Period | | Certificate/Diploma/Trade Test Certificate obtained |
|--------------------------|--------|----|---|
| | From | To | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Signature of Member of Staff: _____ Date: _____

11. TO BE COMPLETED BY THE SUPERVISING/REPORTING OFFICER

In accessing the candidate, the Supervising/Reporting officer is requested to score in the appropriate columns below:

| | | 10 | 8 | 6 | 4 | 2 |
|-------|--------------------------------|----|---|---|---|---|
| i. | Quality of Work | | | | | |
| ii. | Ability to Learn | | | | | |
| iii. | Knowledge of Work | | | | | |
| iv. | Initiative | | | | | |
| v. | Leadership Qualities | | | | | |
| vi. | Dependability | | | | | |
| vii. | Attitude to Work | | | | | |
| viii. | Relationship with Staff/Public | | | | | |
| ix. | Punctuality | | | | | |
| x. | Integrity | | | | | |
| | | | | | | |

KEY: Outstanding 10 marks
Very Good 8 marks
Good 6 marks
Satisfactory 4 marks
Poor 2 marks

Junior Staff Only

The summary of my assessment is that he/she is recommended for:

- a. Promotion _____
- b. Qualified for confirmation of Appointment to retiring age of 65 years
- c. Commendation for Hard work
- d. No change in Status
- e. Disciplinary action to be taken against him/her for the following reasons:

NAME OF REPORTING OFFICER: _____

DESIGNATION: _____

SIGNATURE: _____ DATE: _____

12. HEAD OF DEPARTMENT'S RECOMMENDATION

Do you endorse the recommendation of the reporting officer? (Yes) or (No)

If No, Please comment freely: _____

NAME OF HEAD OF DEPARTMENT

SIGNATURE/DATE