



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 (SENIOR ADMINISTRATIVE, TECHNICAL AND PROFESSIONAL STAFF ONLY)

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)

STAFF PERSONAL DATA

1. Name: _____
(Full Name of Officer in block Letters)
2. (a) Date of Birth: _____ (b) Phone Number _____
3. (a) Place of Birth: _____ (b) Registered Domicile: _____
4. (a) Nationality: _____ (b) State of Origin: _____
(c) Local Govt. Area: _____ (d) Gender (M/F): _____
5. (a) Department: _____ (b) Unit: _____
6. Date of 1st Appointment: _____
7. Post & Salary scale/Step on First Appointment: _____
8. Date of Confirmation of Appointment _____
9. Date of Last Promotion: _____
10. Post and Salary scale/Step on Last Promotion: _____
11. Present Salary Scale CONTISS: _____
12. In – Service Training since appointment with dates: _____
13. QUALIFICATION(S): (a) Academic/Professional (Honorary Degree not to be included)

University Degree/Diploma	Class (if any) and Specialization	Awarding Institution	Date

PART B

1. State the mission and objective of the University: _____

2. Work Schedule: Specify what you do at Work: _____
3. Whom do you report to? _____
4. State how your work contributes to the attainment of the mission/objectives of the place you are currently working: _____
5. Is your supervisor/the person you report to aware and in agreement with your job target? _____
6. Of the duties performed in the current year under assessment, mention in order of preference what you consider as your greatest contribution towards achieving scheduled targets: _____
7. Was the claimed target accomplished within required time frame? Answer Yes or No: _____
8. Is your supervisor aware that your contributions were accomplished within required time frame: Yes or No.: _____
9. If the claimed targets were not accomplished within required time frame, what are the reasons for the delay? _____
10. Did you report the delay and reasons for not accomplishing task within target time to your superior? Answer Yes or No: _____
If "Yes", what did your Supervisor do? And if "No" Why did you not report?

11. How is your current intellectual aptitude and core competence enough to perform effectively on this Job? State reasons: _____

12. If "Yes" to the above answer, is it also enough for you to perform effectively if a higher job is given to you? Answer Yes or No: _____
13. Did you obtain further relevant academic or professional qualifications that increase your capacity to perform during the period under assessment? Answer Yes or No: _____

14. If Yes, State the nature of qualification and the institution attended with date:

TRAINING NEEDS

15. If, as a result of the assessment made earlier in the report you consider that performance or potential could be improved by training please specify the needs:

16. If they cannot be met by training on the job, please suggest, if possible, in which way they might be met:_____

17. LEAVE RECORDS:

(A)

S/N	Nature	From	To	Number of days
i.	Hospitalization			
ii.	Sick leave			
Total				

(B)

S/N	Nature	From	To	Number of Days
i.	Maternity			
Total				

(C)

S/N	Nature	From	To	Number of Days
i.	Annual Leave			
ii.	Casual Leave			
Total number of Days spent on Annual/Casual leave				

(D) Did you make any contribution of a special nature to realization of the mission and objectives of the University during the period of report: Answer Yes or No:

(E) If "Yes" State the nature of special contribution:_____

(F) How did it enhance the mission and objectives of the University?

18. DECLARATION BY THE MEMBER OF STAFF

I certify that what I have stated in this report is correct:_____

NAME OF STAFF:_____

EMAIL ADDRESS:_____

SIGNATURE WITH DATE:_____

PART C

ASSESSMENT REPORT

In assessing the candidates, the Supervising/Reporting Officer is requested to score in the appropriate columns below:

1. For how long has the staff worked under you?: _____
2. Do you agree with the staff's claim in respect of the work schedule as contained in clause (2) above:_____
3. As the staff's supervisor, indicate the most important contribution made by the staff towards the attainment of the organization's goals during the period under assessment (if any):_____
4. Do you agree with the staff's claim in respect of the important contribution to the growth of the University?
Yes or No:_____

HOW WOULD YOU RATE HIS/HER IMPORTANT CONTRIBUTION? TICK WHICH EVER APPLICABLE:

		3	2	1
i.	Integrity			
ii.	Industry			
iii.	Relationship/Cooperation with other staff at work			
v.	Creative/Intellectual ability to tackle difficult problem/unsupervised work and thoroughness in handing jobs.			
vi.	Power of Judgement and commonsense			
vii.	Ability to perform under pressure and take on higher responsibility			
viii.	Effective communication skills (especially) minutes of meetings, budgetary defense, processing of vouchers and carrying out maintenance work efficiently.			
ix.	Ability to delegate effectively and ability to officer constructive suggestions to clients and associates			
x.	Time in Rank (1 point per year to a maximum of 5 years' time in rank)			

Key: *Very Good 3 marks, *Good 2 Marks, *Satisfactory 1 marks.

- Total from the score Table above: (Maximum of 30 Points).
- Examination Result (Maximum of 70 points)

NB: 60 POINTS BEING MINIMUM ELIGIBILITY SCORE FOR PROMOTION

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

- A) Exceptionally qualified
- B) Qualified
- C) Marginally qualified
- D) Qualified but not sufficiently matured/experienced
- E) Incompetent to undertake the duties of: _____

THEREFORE, I RECOMMEND

- A) Promotion to the rank of: _____
- B) Promotion and or conversion to the post of: _____
- C) Confirmation of appointment to retiring age of 65: _____

- D) No change in status but renewal of contract for: _____ years _____
- E) No change in status but commendation for specially good work/conduct for the following reasons: _____

- F) No change in status but increase in Salary steps: _____
- G) Disciplinary action for the following reasons: _____

*(Delete whichever is not applicable)

NAME: _____

DESIGNATION: _____

SIGNATURE: _____ DATE: _____

PART D

COUNTERSIGNING OFFICER'S

(The countersigning officer will normally be the immediate superior of the Reporting officer). You should confirm that you agree with the reporting officer's assessment, or indicate in the foregoing sections any disagreements, which may remain after discussing them with him. You should also indicate how frequently you have seen the work of the person being reported upon. Add any further adverse comments, including whether any aspect of the assessment in the Reporting have been brought to the attention of the persons reported upon: _____

Officer has served under me for: _____ years and _____ months

Signature

Name in Block letters: _____

Designation: _____

Grade Level: _____ Date: _____