



BORNO STATE UNIVERSITY

(Office of the Registrar)

File No. R/SP.....

GSM No.....

ANNUAL PERFORMANCE EVALUATION REPORT

(SENIOR ADMINISTRATIVE, TECHNICAL AND PROFESSIONAL STAFF ON CONTISS 6 – 15 ONLY)

CONFIDENTIAL: Period of Report: _____ Session

PART A

NOTE: (To be completed by members of staff)
Information should be hand-written and clear
Two (2) copies of the form to be completed

STAFF PERSONAL DATA

Full Name of Officer (Block Letters)

1. Name: _____
2. Date of Birth: _____
3. Place of Birth: _____ Registered Domicile: _____
4. Nationality: _____ State of Origin _____
5. Local Govt. Area: _____ Male or Female (M/F): _____
6. Department: _____
7. Date of Assumption of Duty: _____
8. Post & Salary Scale/Step on First Appointment: _____
9. Date of Confirmation of Appointment: _____
10. Date of Last Promotion: _____
11. Post and Salary Scale/Step on Last Promotion: _____
12. Present Salary Scale CONTISS: _____ Step: _____

13. In – Service Training since appointment with dates: _____

14. Qualification: (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 schedule 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? Effective 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: _____

LEAVE RECORDS

17. (A) (Total number of days absent on sick leave during the period covered by the report)

S/No.	Nature	From	To	Number of Days
i)	Hospitalization			
ii)	Sick Leave			
Total				

(B)

S/No.	Nature	From	To	Number of
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				Days
i)	Maternity			
Total				

(c)

S/No.	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 the special contribution: _____

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

(G) Is your supervisor/the person you report to aware of this special contribution?

Answer Yes or No: _____

18 DECLARATION BY THE MEMBER OF STAFF

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

NAME OF STAFF: _____

SIGNATURE WITH DATE: _____

PART C

Assessment Report

In assessing the candidate 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. What would you say is the most important contribution?
5. Do you agree with the Staff's claim in respect of the special contribution to the growth of the University? Yes or NO.:

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

		3	2	1
i)	Integrity (2 Maximum)			
ii)	Industry (2 Maximum)			
iii)	Initiative (2 Maximum)			
iv)	Relationship/Cooperation with other staff at work (2 Maximum)			
v)	Creative/Intellectual ability to tackle difficult problem/unsupervised work and thoroughness in handling jobs. (3 Maximum)			
vi)	Power of Judgment and Commonsense (2 Maximum)			
vii)	Ability to perform under pressure and take on higher responsibility (2 Maximum)			
viii)	Effective communication skills (especially) minutes of meetings, budgetary defense, processing of vouchers and carrying out maintenance work efficiently. (3 Maximum)			
ix)	Ability to delegate effectively and ability to offer constructive suggestions to clients and associates (2 Maximum)			
x)	Seniority (2 points for every one (1) year over the normal three (3) years time in rank up to a maximum of 10 points)			

Key: *Outstanding 3 marks, *Very Good 2 marks, *Good 1 Mark.

* Total from the score Table above: **(Maximum of 30 Points)**.

* Examination Result **(Maximum of 70 points)**

Total Score: (Maximum of 100 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:

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 assessments 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 letter: _____

Designation: _____

Grade Level: _____ Date: _____