



BORNO STATE UNIVERSITY

(Office of the Registrar)

ANNUAL PERFORMANCE EVALUATION REPORT FOR STAFF ON CONTISS 1 – 5

CONFIDENTIAL

JP No: _____ PERIOD OF REPORT: _____

Date: _____ GSM No: _____

NOTE: This form should be completed by all junior staff and submitted by Head of Department to the Establishment Unit.

1. Name: _____
(Surname) (Other Names)

2. Date of Birth _____ (b) Married/Single: _____

3. Registered Domicile: _____

4. Department: _____

5. Date of Assumption of Duty: _____

6. Date, Rank, CONTISS, and Step on First Appointment: _____

7. Date of Confirmation of Appointment: _____

8. Date of Last Promotion: _____ Rank: _____

9. Present Rank: _____ CONTISS: _____ Step: _____

10. Educational/Professional Qualification(s) *Photocopies of Certificate & Letter of Sponsorship should be attached*

Name of Schools Attended	Year Certificate obtained	Certificate obtained and specialization e.g B. Sc. Sociology, Diploma in Public Admin, SLTTP, GCE, WAEC, SSCE, NECO, FSLC or Trade Test (Plumbing) etc.

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					
Total						

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

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) (No)

If No, Please comment freely: _____

NAME OF HEAD OF DEPARTMENT

SIGNATURE & DATE