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FEDERAL UNIVERSITY OF HEALTH SCIENCES AZARE

***(Office of the Registrar)***

**ESTABLISHMENT UNIT**

**CONFIDENTIAL:**

File No.:…………..……………………….. GSM NO:....................................................

 Email:........................................................

**ANNUAL PERFORMANCE EVALUATION REPORTS FOR STAFF (CONTISS 1-8)**

Period of Report……………………………………………………Session…………………...

**PART A**

**(To be completed by member of staff)**

Information should be hand written and legible

Two (2) copies of the form to be completed

* 1. Name:……………………………………………………................……………………………………………….

 (Surname) (Other Names)

* 1. Date of Birth……………………………………………...............……………………….............................
	2. Nationality:...............................................................................................................................
	3. Department: .............................................................................................................................
	4. Date of First Appointment (Assumption of Duty): ......................................................................
	5. Rank, Salary Scale and Step on First Appointment:…………………………...............…………........

……………………………………………………………………………………................………………………

1. Date of Confirmation of Appointment:......................................................................................
2. Date of Last Promotion:............................................................................................................
3. Rank, salary scale and step on last promotion...........................................................................

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1. Present Salary Scale: CONTISS………………….................…………Step:………………………..........
2. In-service training since appointment with dates …………………………………………..…………………………...…………………......................

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1. **Qualification(s)**

|  |  |  |
| --- | --- | --- |
| **Name of Schools Attended** | **Period** | **Cert/ Trade Test/Diploma/Degree Obtained and Grade where applicable**  |
| From | To |
|  |  |  |  |
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1. **Working experience**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer | Designation | Nature of duty | Date  |
|  |  |  |  |

Signature of Member of Staff:……………………………………Date:…………………..........

**PART B**

1. **TO BE COMPLETED BY THE SUPERVISING/ REPORTING OFFICER**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Area of Scoring** | **10** | **8** | **6** | **4** | **2** |
|  | Quality of work  |  |  |  |  |  |
|  | Ability to learn |  |  |  |  |  |
|  | Knowledge of work |  |  |  |  |  |
|  | Initiative and construction power  |  |  |  |  |  |
|  | Leadership qualities |  |  |  |  |  |
|  | Dependability |  |  |  |  |  |
|  | Attitude to work |  |  |  |  |  |
|  | Relationship with staff/public |  |  |  |  |  |
|  | Punctuality |  |  |  |  |  |
|  | Integrity |  |  |  |  |  |

Total Marks Scored.................:..............................................................................................

 KEY: Outstanding 10 Marks

 Very Good 8 Marks

 Good 6 Marks

 Satisfactory 4 Marks

 Poor 2 Mark

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

* 1. Promotion to the rank of…………………………………………..............………………………..
	2. Qualified for confirmation of appointment to retiring age of 65 years in Service
	3. Qualified for Commendation for hard work.
	4. Not recommended for any change in status.
	5. Recommended for Disciplinary action for the following reasons:

…………………………………………………………………………………………....……………..

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Name of Reporting Officer: ……………………………………………………......…............….

Designation:…………………………………………………………………………….................…..

Signature: …………………………………………………….Date:……….................………….

1. **HEAD OF DEPARTMENT’S RECOMMENDATION**

Do you endorse the recommendation of the Reporting Officer? (Yes) (No)

If no, please comments freely: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**NAME OF HEAD OF DEPT. SIGNATURE**

**Decision of Appraisal and Promotion Committee:**

Recommended / Not Recommended

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 **Date Secretary, A&PC**