**McPHERSON UNIVERSITY, SERIKI SOTAYO.**

**Human Resource Unit**

*(Office of the Registrar)*

**ANNUAL PERFORMANCE EVALUATION FORM FOR EMPLOYEES ON MUNTSSS 05 AND BELOW**

Report covering the period from October, 2----------------to September, --------------

**NOTE:**

This report is designed to provide an up-to-date appraisal of the employee’s competence, efficiency and official conduct which can serve as record of service for purpose of transfer, promotion and training, as a means of assisting the employee in his development within the office, and as a help to responsible supervisors towards precise and objective assessment of their staff.

**SECTION A:**

**PERSONAL PARTICULARS AND RECORD OF SERVICE**

**(To be completed by individual members of staff)**

Candidate is advised to complete this form carefully. Any improper completion, wrong or inaccurate information will disqualify a candidate from further consideration.

1. Name of Employee:
2. Date of Birth:
3. Department/Division:

4a. Date of 1st Appointment in this University:

4b. Grade on 1st Appointment in this University:

5a. Date of Confirmation of Appointment

5b Ref. Number of Letter of Confirmation of Appointment:

6. Present Grade:

7. Date of Last Promotion or Appointment:

8. Present Annual Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(State Level and Grade)

9. Qualifications with dates: State subjects and grades of passes where appropriate

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Institution** | **Duration** | | Qualification Obtained |
| **From** | **To** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Any Change in status or emolument during the period covered by this report?

**(Additional sheet may be used**)

**……………………………………………………………………………………………………………………………………………….**

**…………………………………………………………………………………………………………………………………………….**

**……………………………………………………………………………………………………………………………………………….**

1. Record of service since joining the University. Details of movement to be stated with dates

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Department** | **From** | **To** | **Post/Grade** | **Officer under whom you served** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. In-Service Courses Undertaken to date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Course Title** | **Institution** | **Duration** | **Award** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. State type of in-service training required

|  |  |  |
| --- | --- | --- |
| **Course Title** | **Institution** | **Duration** |
|  |  |  |
|  |  |  |
|  |  |  |

**SECTION B:**

**NATURE OF ASSIGNMENT DURING THE PERIOD:**

**(To be completed by all employees)**

1. State your main duties during the period covered by this report.

What major difficulties did you encounter in the performance of your duties? Offer suggestion for their solution.

1. Any other useful information peculiar to your duty during the period covered by this Report? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Signature of Employee** **Date**

**PART B**

**(To be completed by the Head of Department / Unit)**

17. Do you and the person reported upon agree on the job description and the order of importance

(if not, please discuss the changes with him and record any unresolved difference here)

**YES/NO**

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18. Assessment of Performance

How effective is he/she in the performance of the duties set out in 14 above? What is needed here is an indication, for each of the duties in 14 above, of how far he/she has achieved the required results:

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19. Aspects of Performance: Administrative Competence and Professional Duties

In assessing performance, you have already considered some or all of the following aspects: would you now comment on and assess the aspects separately. Each aspect is described in term of **Outstanding (maximum point)** and **Unsatisfactory performance (Zero).** The three intermediate ratings represent behaviour between these extremes. Ratings at the extremes **(maximum to zero)** should be given if you believe it is a generally true statement that could be supported, if necessary, by specific occurrences. If you feel any aspect of performance not in the list calls for special comment, please mention it at the end.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **CONTRIBUTIONS TO THE UNIVERSITY /COMMUNITY AND THE NATION—5 POINTS** | | | | | |
|  | | | | **MAX OBTAINABLE** | **ACTUAL SCORE** |
| 1. ***Contributions to Department/ Unit/School/University*** | *1* |  | *Discharge of Departmental/ Unit Assignments* | *0.5* |  |
| *2* |  | *Discharge of School/ Section Assignments* | *0.5* |  |
| *3* |  | *Discharge of University Assignments* | *1.0* |  |
| *4* |  | *Moral conduct and comportment* | *1.0* |  |
| ***Sub Total a*** |  |  |  | ***3.0*** |  |
| 1. ***Contributions to Community/ State/ Nation*** | *1* |  | *Contribution to Community* | *1.0* |  |
| *2* |  | *Contribution to State* | *0.5* |  |
| *3* |  | *Contribution to the Nation* | *0.5* |  |
| ***Sub Total b*** |  |  |  | ***2.0*** |  |
| 1. **General Scoring Recommended for the above is as follows:** | 1 |  | Departmental/ Unit /School/University Level | **3.0** |  |
| 2 |  | Community/ State / National / level | **2.0** |  |
| **Sub Total** |  |  |  | **5.0** |  |
| **2.) ANNUAL APPRAISAL EVALUATION PERFORMANCE – 95 POINTS** | | | | | |
|  |  |  |  | **Maximum Obtainable** | **Actual Score** |
| 1. **Conduct** | 1 |  | Behaves excellently well | 5 4 3 2 1 0 |  |
| 1. **Relationship with Colleagues** | 2 |  | Sensitive to other people’s feelings, earn respect of others etc. | 5 4 3 2 1 0 |  |
| 1. **Level of Responsibility** | 3 |  | Demonstrates excellent ability to handle duties effectively | 5 4 3 2 1 0 |  |
| 1. **Quality of Work** | 4 |  | Output always neat and accurate | 5 4 3 2 1 0 |  |
| 1. **Quality of Output** | 5 |  | Produces a lot of work within a specified time | 5 4 3 2 1 0 |  |
| 1. **Initiative** | 6 |  | Demonstrates ability to solve basic problems with minimum supervision | 5 4 3 2 10 |  |
| 1. **Adaptability to Work** |  |  | Easily adjusts to the environment of work and consistent in output within specified time | 5 4 3 2 1 0 |  |
| 1. **Expression on Paper** |  |  | Always cogent and clear in the English Language medium of expression | 5 4 3 2 1 0 |  |
| 1. **Oral Expression / Communication Skills** |  |  | Put his/ her point in simple language convincingly and concisely | 5 4 3 2 1 0 |  |
| 1. **Punctuality at Work** |  |  | Very punctual at work and University ceremonies | 5 4 3 2 1 0 |  |
| 1. **Regularity at work** |  |  | Regular at work and attended virtually all university ceremonies | 5 4 3 2 1 0 |  |
| 1. **Management of Subordinates (Where applicable for officers on MUNTSSS 05** |  |  | Demonstrates ability to inspire subordinate officers to achieve their best | 5 4 3 2 1 0 |  |
| 1. **Organization of Work** |  |  | Plans and arrange his/ her work in an orderly manner | 5 4 3 2 1 0 |  |
| 1. **Self-improvement effort at acquiring necessary qualification to enhance performance on the job** |  |  | Factual evidence as authenticated by Human Resource Unit of desire for improvement in acquisition of cognate qualification | 5 4 3 2 1 0 |  |
| 1. **Attitude to work** |  |  | Always willing to take additional responsibility without complain | 5 4 3 2 10 |  |
| 1. **Degree of reliability** |  |  | Highly dependable, honest and trustworthy | 5 4 3 2 1 0 |  |
| 1. **Knowledge of Departmental Rules** |  |  | Highly knowledgeable and acquainted with procedure and departmental rules and regulations | 5 4 3 2 10 |  |
| 1. **Personality** |  |  | Very Highly Comported | 5 4 3 2 1 0 |  |
| 1. **Ability to work under pressure** |  |  | Does not complain when required to put in extra working hours and reliable in multitasking | 5 4 3 2 1 0 |  |
| **Sub Total** |  |  |  |  |  |
| Computation of Average Scores for Sections A + B **(TOTAL/20)** | | | | |  |
|  | | | | |  |

**CERTIFICATION**

I certify that I have read the contents of this Report and that my Head of Department has discussed them with me. I have the following comments to add:

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………………………………………………………………………… Grade Level………………………………………………………

Signature of Officer Reported on

Job. Title:……………………………………………….. Date:………………………………………………………………….

**PART C**

*(To be completed by the Head of Department)*

20. Training Needs:

(In completing this section, you should take account of any view expressed by person reported on)

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

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(b) If they cannot be met by training on the job, please suggest, if possible, in which way they might be met

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21. Next job at the same level:

(In completing this section, you should take account of any view expressed by the person reported on)

(a) A different job in the same grade? YES/NO

(b) Transfer to a job at similar leve in another occupation group or cadre YES/NO

If you have answered YES to either question, say which kind of job and give your reasons below:

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22. (A) RECOMMENDATION FOR CONFIRMATION I recommend that:

(i) his/her appointment be confirmed to retiring age

(ii) his/her appointment be further extended for six months

(ii) his/her appointment be terminated with effect from…………………………………………..

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

Signature of Head of Department Name of Head of Department

……………………………………………………..

Date

B. RECOMMENDATION FOR NORMAL PROMOTION Comments on your recommendation:

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C. RECOMMENDATION FOR ACCELERATED PROMOTION

He/she should be specially considered for Accelerated Promotion to………………………………………….

Grade

Give reasons for your recommendations:

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D. RECOMMENDATION FOR INCREMENT ONLY Comments on your recommendation:

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Signature of Head of Department/Date Name of Head of Department

23. He/She has served under me for ………………………………………………………………………….…Years.

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

Signature of Head of Department/Date Name of Head of Department

**PART D**

*(To be completed by the Registrar)*

24. Average score for three years (including the period of current assessment)

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| --- | --- | --- |
| 1. | ………………………………………………… | …………………………………………………….. |
| 2. | …………………………………………………. | …………………………………………………….. |
| 3. | …………………………………………………. | …………………………………………………….. |

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

Name Signature and Date