File No……………………

 UNIVERSITY OF IBADAN

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ANNUAL STAFF APPRAISAL FORM

(ADMINISTRATIVE TECHNICAL, PROFESSIONAL AND ANALOGOUS GRADES)

UNIVERSITY OF IBADAN

ANNUAL STAFF APPRAISAL FORM

**Notes for Reporting Officers**

1. Complete the form in ink.
2. Use the “Remarks” column freely to give a clearer picture of the officer’s strengths and weakness. Do not make comments which are vague or which merely repeat what has been indicated by the marking in the box: but to include general comments which complete the picture on specific points.
3. It is important that Officers should normally be informed in writing of any faults or short-comings which result in an adverse report. Reporting officers are personally responsible for carrying out this duty either at the time of rendering the report or previously. If for any reason a reporting Officer considers that it would not be in the interest of the University or the Officer concerned that an adverse comment should be brought to his notice, the reason should be clearly indicated. Please note that you have a continuing responsibility throughout the year to discuss with your staff their failings; it is wrong to let them drift in the mistaken belief that they are performing satisfactorily.
4. Where an Officer often takes off during working hours on account of illness, statement to this effect should also be included.

**Notes for Supervising Officer**

1. Appraisal is an annual exercise designed to assess and evaluate the performance of a staff over a specific period of time. It helps staff and supervisors as well as institutions to establish their well-defined goals and further their objectives.
2. It is designed to provide an insightful and reflective view of an individual staff member’s performance and to encourage dialogue between the supervisor and each member of staff.
3. The rating is determined by considering all the performance standards. It is not an isolated assessment.
4. It is also mandatory to allow employees the opportunity to write any comment(s) regarding the appraisal.
5. The assessment should be objective to reflect the performance of the staff being assessed.
6. PERSONAL BIODATA

Full Name: Dr./Mr./Mrs./Ms./Miss: …………………………………………………………………………………

Department: …………………………………………………………………………………………………………………………

Date of Birth: ………………………………………………………………………………………………………………………

Date of First Appointment: ………………………………………………………………………………………………

Present Post: …………………………………………………………………………………………………………………………

Date Appointed to Present Post: ………………………………………………………………………………………

Schedule of Duties: ………………………………………………………………………………………………………………

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

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

Present Scale and Salary: ……………………………………………………………………………………………………

Date of Next Increment: ……………………………………………………………………………………………………

Educational Qualification(s): ……………………………………………………………………………………………..

1. i) JOB PERFORMANCE CHARACTERISTICS/RATING SCALES

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S/N | JOB PERFORMANCE CHARACTERISTICS | POOR(1) | FAIR(2) | SATISFACTORY(3) | VERY GOOD(4) | OUTSTANDING(5) |
| A | Quality of Work \* |  |  |  |  |  |
| B | Knowledge of Work\* |  |  |  |  |  |
| C | Performance Under Stress\* |  |  |  |  |  |
| D | Initiative\* |  |  |  |  |  |
| E | Adaptability\* |  |  |  |  |  |
| F | Resourcefulness\* |  |  |  |  |  |
| G | Team Spirit\* |  |  |  |  |  |
| H | Job Presence\* |  |  |  |  |  |
| I | Administrative Ability\* |  |  |  |  |  |
| J | Attitude to Work\* |  |  |  |  |  |
| K | Knowledge of ICT\* |  |  |  |  |  |
| L | Punctuality\* |  |  |  |  |  |
| M | Appearance at Work/Mode of Dressing\* |  |  |  |  |  |

\*Supervisors are expected to rate the performance of staff being appraised by ticking (√) as appropriate.

Loyalty to the institution: …………………………………………………………………………………………………………

ii) Overall grading for personal qualities and performance of duties during the period under review: Please tick (√)

1. Outstanding (≥ 75%) ( )
2. Excellent (70 – 74.9%) ( )
3. Very Good (65 – 69.9%) ( )
4. Good (60 – 64.9%) ( )
5. Satisfactory (55 – 59.9%) ( )
6. Fair (50 – 54.9%) ( )
7. Poor (40 – 49.9%) ( )

iii) Courses undertaken/Conference/Seminar attended during the period of report:

…………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

iv) Training Needs: ……………………………………………………………………………………………………………………

 …………………………………………………………………………………………………………………………………………………

1. PROMOTABILITY:
2. Well fitted for promotion ( )
3. Fitted for promotion ( )
4. Not fitted ( )

Comments if not fitted: ……………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. LONG TERM POTENTIALS

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

1. HEALTH RECORDS:

|  |  |  |  |
| --- | --- | --- | --- |
| S/N | Period of Sick Leave |  | Number of Days |
|  | From: | To: |  |
|  |  |  |  |
|  |  |  |  |

1. GENERAL REMARKS: (Please provide a comprehensive information, drawing attention to any particular strength or weakness)

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

He has served under me for the past ………………………… years.

1. GENERAL CONDUCT
2. Number of queries during the year: ………………………………………
3. Pending disciplinary action: ………………………………………………………
4. Concluded disciplinary action: ………………………………………………….
5. NAME AND SIGNATURE OF REPORTING OFFICER:

Name: …………………………………………………… Signature: …………………………………………………………

Post: ………………………………………………………… Date: …………………………………………………………………

1. COMMENTS OF OFFICER BEING REPORTED UPON:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………Name: ……………………………………………………Signature & Date: ……………………………………………

1. COMMENTS AND SIGNATURE OF HEAD OF DEPARTMENT/UNIT:

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… Name: ……………………………………………………Signature & Date: ……………………………………………

EXPLANATION ON JOB PERFORMANCE CHARACTERISTICS

a) Quality of work: dependability of results, neatness and accuracy.

b) Knowledge of work: utilizing training and experience, understanding importance of job to organization, understanding of mechanics of work performed

c) Performance under duress: ability to work under stress and/meet deadlines

d) Initiatives: alert to opportunities for improvement, getting started without having to be told.

e) Adaptability: flexibility, making adjustments to new or different conditions or types of work, versatility, ability to learn new responsibilities and/or adapt to new methods.

f) Resourcefulness: ability to respond to problem situations without supervisory directions.

g) Team Spirit: teamwork, willingness to work with others as part of a team.

h) Job presence: promptness, staying on the job, absenteeism.

i) Administrative ability: work completed efficiently and on time; ability to organize work

j) Attitude: accepts authority, policy, and criticism without resentment; loyal to the department, and fellow workers; pleasant to everyone in general outlook.

k) Knowledge of ICT

l) Punctuality: not late, timeliness

m) Appearance at work/Mode of dressing