

**UNIVERSITY OF MAIDUGURI**

**[Office of the Registrar]**

**Annual Performance Evaluation Report**

[Junior Administrative, Technical and Professional Staff Only]

CONFIDENTIAL

**Period of Report…2023/2024…. Academic Session JP. No…………**

Note: a) Information should be type- written

 b) Two copies of the form to be completed

**PART A: To be completed by member of staff**

1. Faculty ……………………………………………………………………………
2. Department ……………………………………………………………………….
3. G.SM. Number …………………………………………………………………...
4. Date of Assumption of Duty ………………………………………………….....
5. Name in Full …………………………………………………………………….
6. Date of Birth…………. Place…………………L.G. A……………State……….
7. Registered Domicile……………………………………………………………...

8. Nationality ………………………………………………………………………...

1. Date of Confirmation of Appointment ………………………………………….
2. Membership of Professional Body ………………………………………………
3. **Appointment and Promotion**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S/N |  | Date  | Position | Salary Scale/ Step |
| 12345678 | 1st Appointment1st Promotion2nd Promotion3rd promotion4th Promotion5th Promotion6th PromotionPresent Rank |  |  |  |

1. **Period of Leave of Absence from University**

|  |  |  |  |
| --- | --- | --- | --- |
| S/N | Destination | Date | Date of Resumption of Duty |
| 12345678 |  |  |  |

1. **Criteria for Performance Evaluation**
	1. **Qualification**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S/N | SSCE/Certificates | Specialization | Date | Institution |
| 123456 |  |  |  |  |

* 1. **Time in Rank…………………………………………………………………………**
	2. **Work Experience……………………………………………………………….…….**

**14. Certification by Staff**

I certify that the information contained in Part A is correct to the best of my knowledge

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

**PART B: To Be Completed by the Supervising Officer**

 1. For how long has the candidate worked under you…………………………….……….

 2. Rate the performance of the candidate for the period of assessment

**NB: Outstanding (10 points), Very Good (8 points), Satisfactory (6 points), Poor (4 points) Very Poor (2 points).**

|  |  |  |
| --- | --- | --- |
| S/N | Criteria | Points |
| 10 | 8 | 6 | 4 | 2 |
| 1 | Quality of Work |  |  |  |  |  |
| 2 | Ability to Learn |  |  |  |  |  |
| 3 | Knowledge of Work |  |  |  |  |  |
| 4 | Initiative and Construction Power |  |  |  |  |  |
| 5 | Leadership Qualities |  |  |  |  |  |
| 6 | Dependability  |  |  |  |  |  |
| 7 | Attitude to Work |  |  |  |  |  |
| 8 | Relationship with Staff/Public |  |  |  |  |  |
| 9 | Punctuality  |  |  |  |  |  |
| 10 | Integrity  |  |  |  |  |  |

**3. The eligibility score for promotion of the candidate**

|  |  |  |
| --- | --- | --- |
| S/N | Criteria | Score |
| 12345 | QualificationTime in RankWork ExperienceProfessional Practice Community Service |  |

**4 General Comments.**

 ……………………………………………………………………………………..……

 ………………………………………………………………….………………………

**5 Recommendation**

(a) Promotion to rank of …………………………………………………

(b) Conversion to the post of …………………………………………….

(c) No change of status but confirmation of appointment to retirement age

(d) No change of status but commendation for the following reason(s)…………

(e) Renewal of contract

(f) No change of status

(g) Termination of contract for the following reason(s)………………………….

(h) Reprimand for the following reason(s)……………………………………….

**Name of supervising officer …………………………………………………………**

Designation ……………………………………………………………………….

Grade level …………………………………………………………………………

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

**PART C: To be completed by the Head of Unit.**

1. For how long has the candidate worked under you ……………………….

2. Endorsement of comments and recommendation of the supervising officer.

NB**:** The assessment of candidate should be discussed with the supervising officer before endorsement or otherwise.

a) I endorse the comments and recommendation(s) of the supervising officer [].

b) I do not endorse the comments and recommendation(s) of the supervising officer for the following reason(s)……………………………………………………………………

……………………………………………………………………………………………..

**Name of Head of Unit** …………………………….............................................

Designation …………………………………………………………………….

Grade level ……………………………………………………………………...

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