

**UNIVERSITY OF MAIDUGURI**

***[Office of the Registrar]***

**Annual Performance Evaluation Report**

(Senior Administrative, Technical and Professional Staff Only)

**CONFIDENTIAL**

**Period of Report…2023/2024…. Academic Session SP. 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 ………………………………………………………………………...
9. Date of Confirmation of Appointment ………………………………………….
10. Membership of Professional Body ………………………………………………
11. **Appointment and Promotion**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S/N |  | Date | Position | Salary Scale/ Step |
| 1  2  3  4  5  6  7  8 | 1st Appointment  1st Promotion  2nd Promotion  3rd promotion  4th Promotion  5th Promotion  6th Promotion  Present Rank |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| S/N | Destination | Date | Date of Resumption of Duty |
| 1  2  3  4  5  6  7  8 |  |  |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S/N | Degree | Specialization | Date | Institution |
| 1  2  3  4  5  6 |  |  |  |  |

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

**13.4 Professional Practice**

|  |  |  |
| --- | --- | --- |
| S/N | Nature of Practice | Date |
| 1  2  3 |  |  |

**13.5 Academic/ Administrative Leadership**

|  |  |  |
| --- | --- | --- |
| S/N | Nature of Leadership | Date |
| 1  2  3  4 |  |  |

* 1. **Community Service**

1. University Community Service

|  |  |  |
| --- | --- | --- |
| S/N | Nature of Service | Date |
| 1  2  3  4 |  |  |

1. Public Service

|  |  |  |
| --- | --- | --- |
| S/N | Nature of Service | Date |
| 1  2  3  4 |  |  |

**14** **Any other information** that may assist the Committee in determining your performance during the year.

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

**15 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 | Ability to perform under pressure and take on higher responsibility. |  |  |  |  |  |
| 2 | Ability to delegate effectively and to offer constructive suggestions to client and associates. |  |  |  |  |  |
| 3 | Creative ability to take difficult problem/unsupervised work and thoroughness in handling jobs. |  |  |  |  |  |
| 4 | Effective communication skill e.g. minutes of meetings, budgetary defense |  |  |  |  |  |
| 5 | Industry |  |  |  |  |  |
| 6 | Initiative |  |  |  |  |  |
| 7 | Integrity |  |  |  |  |  |
| 8 | Power of judgment and commonsense. |  |  |  |  |  |
| 9 | Relationship/cooperation with colleagues. |  |  |  |  |  |
| 10 | Punctuality to work. |  |  |  |  |  |

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

|  |  |  |
| --- | --- | --- |
| S/N | Criteria | Score |
| 1  2  3  4  5 | Qualification Time in Rank  Work Experience  Professional 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 offer.

**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 …………………………………………...