

**FEDERAL UNIVERSITY OF TECHNOLOGY, AKURE**



**ANNUAL APPRAISAL FORM FOR EMPLOYEES ON  
CONTISS 05 AND BELOW**

Report covering the period from October, 20\_\_\_\_\_ to September, 20\_\_\_\_\_

**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	

10. Any Change in status or emolument during the period covered by this report?  
**(Additional sheet may be used)**

.....

.....  
.....

11. Record of service since joining the University. Details of movement to be stated with dates  
(Additional sheet may be used)

Department	From	To	Post/Grade	Officer under whom you served

12. In-Service Courses Undertaken to date

Date	Course Title	Institution	Duration	Award

13. 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)**

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

16. Any other useful information peculiar to your duty during the period covered by this Report?

\_\_\_\_\_  
\_\_\_\_\_

**Signature of Employee**

**Date**

**PART II**

**SECTION A:**

**To be completed by the Supervisor**

1. Number of days of sick leave during the period:
  - (a) With Medical Certificate \_\_\_\_\_
  - (b) Without Medical Certificate \_\_\_\_\_

**Frequency of attendance of Health Center/Employee's Health Care Provider for Treatment**

<b>Few</b>	<b>Many</b>	<b>Too Many</b>
1 – 10 Days	11 – 20 Days	21 and more Days

2. Any sanctions incurred by the Employee during the period. If so, nature of such sanctions and disciplinary action taken: \_\_\_\_\_  
\_\_\_\_\_

.....  
Date
Signature

**SECTION B:**

**EVALUATION OF PERFORMANCE**

**(To be completed by immediate supervisor of Head of Unit of Employee)**

3. State main work performed by the employee during the period covered by this Report with particular attention drawn to any work considered exceptional or especially meritorious.

\_\_\_\_\_  
 \_\_\_\_\_

4. State any training recommended for the improvement of this employee:

\_\_\_\_\_  
 \_\_\_\_\_

5. State any other useful information about the employee which is not covered by this Report.

\_\_\_\_\_  
 \_\_\_\_\_

		A	B	C	D	E	
		5	4	3	2	1	
a	CONDUCT: Behaves excellently well						Always exhibits bad behavior
b	RELATIONSHIP WITH COLLEAGUES: Sensitive to other people's feelings, earn respect of others, exceptionally effective in dealing with members of the public and colleagues						Ignores and insensitive to other people's feeling, intolerant, does not earn respect of others. Tactless in dealing with the public and colleagues
c	LEVEL OF RESPONSIBILITY: Demonstrates excellent ability to handle duties effectively						Discharge duties poorly

d	QUALITY OF WORK: Output of work always very neat and accurate					Work always very rough and full of errors
e	QUALITY OF OUTPUT: Produces a lot within specified time					Unable to meet target
f	INITIATIVE: Demonstrates ability to solve basic problems with minimum supervision					Always waiting to be told what to do
g	ADAPTABILITY: Easily adjusts to the environment of work and consistent in output within specified time					Unable to adjust to change
h	EXPRESSION ON PAPER: Always cogent and clear					Ambiguous, clumsy and obscure
i	ORAL EXPRESSION: Puts his points across convincingly and concisely					Finds it difficult to express himself
j	PUNCTUALITY AND REGULARITY: Regularly punctual at work					No regard for punctuality
k	MANAGEMENT OF SUBORDINATES: (Where applicable): Demonstrates ability to inspire subordinates to give their best					Unable to use staff efficiently
l	ORGANISATION OF WORK: Plans and arrange his work in an orderly manner					Planless and lacks orderliness
m	SELF IMPROVEMENT EFFORT: Evidence of desire for improvement in qualification					Lacks drive, rustic
n	ATTITUDE TO WORK: Always willing to take responsibility without complain					Reluctant to take responsibility
o	DEGREE OF RELIABILITY: Highly dependable and trustworthy					Undependable and cannot be trusted
p	KNOWLEDGE OF DEPARTMENTAL RULES: Highly knowledgeable and acquainted with procedures					Poor knowledge of departmental operations
Q	PERSONALITY: Very highly comported					Demonstrates poor mannerism unbecoming of a public servant

Indicate overall performance of duties by ticking the appropriate box below. (This assessment should reflect the performance actually achieved in the circumstance which prevailed as presented in the assessment above)

- A = Outstanding (Exceptional effective) 4.50 – 5.00
- B = Very good (More than generally effective but not positively outstanding) 3.50 - 4.49
- C = Good (Generally effective) 2.40 – 3.49
- D = Fair (Performs duties moderately well without serious shortcoming) 1.50 – 2.39
- E = Unsatisfactory (Definitely ineffective and not up to duties) 1.00 – 1.49

He /She has served under me for \_\_\_\_\_years \_\_\_\_\_ Months

Name of Reporting Officer

Signature of Reporting Officer

Status of Reporting Officer

Date

**EMPLOYEE**

I have seen and read the evaluation of my performance over the past year.

(a) I agree with the evaluation

(b) I disagree with the evaluation Please find my comments below:

---

---

Employee's Signature\_\_\_\_\_

Date:\_\_\_\_\_

**PART III**

**OVERALL ASSESSMENT BY HEAD OF DEPARTMENT OF DEPARTMENT COMMITTEE:**

**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;
- (iii) His/her appointment be terminated with effect from\_\_\_\_\_

.....

.....

Signature of Head of Department

Name of Head of Department

.....

Date

**A. PART IV**

**RECOMMENDATION FOR PROMOTION**

Comments and justification for your recommendation

---

---

---

He/She has served in the Department/Unit for \_\_\_\_\_

Years after assumption of duty/last promotion

.....

.....

Signature of Head of Department

Name of Head of Department

.....

Date

**PART V**

**RECOMMENDATION FOR INCREMENT ONLY**

Comments on your recommendation:

---

---

---

.....

Signature of Head of Department

.....

Name of Head of Department

.....

Date

**D.**

**PART VI**

**(To be completed by the Registrar)**

**Average score for three years (including the period under assessment)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

.....

Registrar's Signature

.....

Date