

FEDERAL UNIVERSITY, OTUOKE **BAYELSA STATE**

Annual Appraisal/Confirmation of Appointment

(Junior Staff)

PART 1 (To be completed by staff being Appraised) 202...... 202.......

1.0	.0 PERSONAL DATA:								
1.1 1	Name in full:								
1.2	Post on First Appo	intment:							
1.3	Status on Appointment:								
1.4	Date of Assumption of Duty:								
1.5	Designation of First Appointment:								
1.6	Present Status:								
1.7	7 Unit (where applicable) section/Division/Department/Faculty/Institute Post to during the last 12 months								
	(i) Date:								
	(ii) Date:								
1.0	(iii) Date:								
1.8	Present posting:	•••••	•••••						
1.9	9 Last Change in Status (indicate new status & specify whether by promotion, conversion, re grading or re-								
	designation) in the University with date:								
• • •			•••••	•••••					
• •									
1.10	Effective Date of	of Change in S	Status:		•				
					••				
1.11	Date of Confirm	nation of App	ointment:(Attach Letter o	of confirmation of Appointme	nt)				
1.12	Qualifications (in	dicate as 'new' th	ose obtained during the repo		,				
S/N	CERTIFICATE	GRADE	DATE OBTAINED	AWARDING BODY	REMARKS				

.14 In service Training Attende	ed since Appointment/ Last promotion/Re grading (specify, date)
(i)	
(ii)	
(iii)	
.0 SERVICE WITHIN T	THE PERIOD
2.1 Disciplinary action(s) if	any received by the staff during the reporting period
2.2 Schedule of Duties in the U	niversity during the Reporting Period (give brief description)
2.3 Achievement during the	e Reporting Period
2.4 Relevant University Co	mmunity Activities in the Reporting Period
2.5 Describe your Relations	
i) Your Senior Officers	Very Good/Good/Satisfactory/Non-satisfactory
ii) Your Colleagues iii) Staff working under you	Very Good/Good/Satisfactory/Non-satisfactory Very Good/Good/Satisfactory/Non-satisfactory
	nay assist the Committee in determining your suitability
2.0 Outer information that is	le to be considered
promotion, if you are eligible	



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Part II

(To be completed by the Supervisor Officer)

1.0 ASSESSMENT OF ACTUAL PERFORMANCE

SECTION S/N DESCRIPTION		DESCRIPTION	APPROVED MAXIMUM SCORE	SCORE BYTHE SUPERVISOR
I		Quality of Work/General Ability		
	1	Competence on and understanding of the Job	5	
	2	Work Speed and Accuracy	5	
	3	Initiative, creative ability and concern to produce result	5	
	4	Ability to accept and effect corrections/instruction	5	
II		Work Habit		
	5	Punctuality at work	5	
	6	Availability at place of work	5	
	7	Drive and determination	5	
	8	Resource utilization	5	
III		Character traits		
	9	Commitment to the organization	5	
	10	Honesty	5	
	11	Reliability under pressure	5	
	12	Appearance	5	
IV		Leadership Quality		
	13	Ability to work unsupervised	5	
	14	Ability to work with equals	5	
	15	Ability to work with supervisor	5	
	16	Ability to communicate	5	
	17	Maturity and judgement	5	
	18	Relationship with other Staff	5	
	19	Relationship with the public	5	
	20	Attitude to authority	5	
	TOTAL			

Note: the rating scale for the performance assessment is as follows:

A(5) = Outstanding = Exceptionally good, shows great promise for the future

B(4) = Very Good = The performance went far beyond the minimum expected of the

grade, and shows considerable promise for the future

C(3) = Good = The performance was above the minimum expected of the grade

D (2) = Satisfactory = The performance reached is expected of the grade

E(1) = Unsatisfactory = Below the standard expect of the grade.



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	PART III	General Co	omments on Staft	r Performance
A. Comn	ents by supervis	or;		
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•••••		• • • • • • • • • • • • • • • • • • • •		
•••••			•••••	
NAM	E OF (SUPERVI	<i>SOR</i>):		
Signati	ıre:	• • • • • • • • • • • • • • • • • • • •	Date:	
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Comm	ent hy the Asses	·haz		
. Comm	•			
• • • • • • • •				
Name:	•••••	• • • • • • • • • • • • • • • • • • • •	Signature:	Date:
. Overa	ll assessment by	Head of Dep	artment:	
			ought to the attent	
Yes Comm	No nent/ protest by t	he staff bein	g appraised	
			• • • • • • • • • • • • • • • • • • • •	
NAM				
	ure:			Date:
Signai	ure		• • • • • • • • • • • • • • • • • • • •	Date
T. 1.	l D	1.4• e		
	ng and Recomme			
(i)	Total Score:			
(ii)	Remarks:			
` '				
(:::) D				
(III) K				
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
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ME (CH	IAIRMAN OF AI	PPRAISAL P	ANEL):	
•			,	
znature o	f staff:		<i>L</i>	Date:

NOTE: For Academic Departments, Supervisor's column will be completed by the Head of Department while Head of Department's column will be completed by the Dean of Faculty of Director of Institute.