



**FEDERAL UNIVERSITY OYE-EKITI**

**APPRAISAL FORM FOR JUNIOR STAFF ON CONTISS 01-05**

| Period of Report |    |
|------------------|----|
| From             | To |
|                  |    |

**PART I**

**SECTION A: PERSONAL RECORD OF OFFICER**

*(To be completed by the Officer being reported upon)*

Please, complete this form carefully. Any improper completion, wrong or inaccurate information may disqualify you from consideration for confirmation of appointment, promotion, and may lead to disciplinary action.

1. Name:

.....  
*(Surname)* *(Other names)*

2. Date of Birth

(dd/mm/yy).....

3. Faculty/College..... Department..... Unit.....

4. Date of First

Appointment.....

5. Date of Confirmation of Appointment (where

applicable).....

6. Date of last promotion/appointment and salary

grade.....

7. Present Annual Salary (Level and

Step).....

8. Qualification with dates ( state subjects and grade of passes where applicable)

| Name of Institution | Duration |    | Qualifications obtained |
|---------------------|----------|----|-------------------------|
|                     | From     | To |                         |
|                     |          |    |                         |
|                     |          |    |                         |

9. Any change in status or emolument during the period covered by the report? If yes, please state

.....

.....

10. Records of Service since joining the University (details of movement to be stated with dates)

| Department | From | To | Post/Grade | Officer under whom you served |
|------------|------|----|------------|-------------------------------|
|            |      |    |            |                               |
|            |      |    |            |                               |
|            |      |    |            |                               |
|            |      |    |            |                               |

11. In-Service courses undertaken to date

| Date | Course Title | Institution | Duration | Award |
|------|--------------|-------------|----------|-------|
|      |              |             |          |       |
|      |              |             |          |       |

12. Leave Records

| A  | Total number of days covered by this report  | From | To | No. of days |
|--|--|------|----|-------------|
| i.   | Hospitalisation                              |      |    |             |
| ii.  | Treatment Received Abroad (where applicable) |      |    |             |
| iii.   | Sick Leave                                   |      |    |             |
| <b>Total</b>   |  |      |    |             |
| B  | Maternity Leave                              |      |    |             |
| C(i)   | Annual Leave                                 |      |    |             |
| (ii)   | Casual Leave                                 |      |    |             |
| (iii)  | Examination Leave                            |      |    |             |
| D.   | Others (Specify)                             |      |    |             |
| <b>Total number of days spent on Annual/Casual Leave</b> |  |      |    |             |

**(SECTION B) NATURE OF ASSIGNMENT DURING THE PERIOD**  
*(To be completed by all Employees)*

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

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.....

.....

14. a. What major difficulties did you encounter in the performance of your duties?

.....

.....

.....

- b. Offer suggestions for solutions

.....  
 .....  
 .....

**PART II**  
**ASSESSMENT BY THE IMMEDIATE SUPERVISOR**

15. In assessing the performance you are to consider some or all of the following aspects and assess them separately. Each aspect is described as a sample of behaviour that can be rated as outstanding (5) and down to poor (1).

**i. QUALITY OF WORK**

|    |  | <b>Score</b> |
|----|--|--------------|
| a. | Maintains very high standards; work is virtually error proof               | 5            |
| b. | Maintains a high standard  | 4            |
| c. | Work is generally of good quality  | 3            |
| d. | Performance is uneven  | 2            |
| e. | Maintains consistently low standards at work, source of constant complaint | 1            |

**ii. PUNCTUALITY**

|    |                                       | <b>Score</b> |
|----|---------------------------------------|--------------|
| a. | Regularly punctual at work            | 5            |
| b. | Always punctual at work               | 4            |
| c. | Punctual at work most of the time     | 3            |
| d. | Not punctual at work most of the time | 2            |
| e. | No regard for punctuality             | 1            |

**iii. ABSENTEEISM**

|    |   | <b>Score</b> |
|----|---|--------------|
| a. | Not absent throughout the year          | 5            |
| b. | Absent for 2 days with excuse           | 4            |
| c. | Absent for 5 days with excuse           | 3            |
| d. | Absent for 7 days with excuse           | 2            |
| e. | Absent for more than 7 days with excuse | 1            |

**iv. REWARDS/SANCTIONS**

Staff received the following during the period covered by the report

|    |  | <b>Score</b> |
|----|--|--------------|
| a. | Commendation for excellent performance | 5            |
| b. | No query                               | 4            |
| c. | Verbal warning                         | 3            |
| d. | Written warning                        | 2            |
| e. | Suspension                             | 1            |

Give details of the commendation/query, warning, suspension and demotion received by the officer, if any, during the period of the report.

.....  
 .....

**TOTAL POINT** = ..... **PERCENTAGE**.....

.....  
*Name & Designation of Reporting Officer*

.....  
*Signature/Date*

**DECLARATION**

*(Comments by the officer on whom the report is rendered not later than 48 hours)*

16. I certify that I have seen the contents of this Report and that the Reporting officer has discussed them with me. I have the following comments to make. (If no comments, indicate so here under).

.....  
.....  
.....

*Date:*.....

*Signature:*.....

**EVALUATION OF PERFORMANCE**

*(To be completed by immediate supervisor or Head of Unit of employee on CONTISS 01-05)*

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

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18. State any training recommended for the improvement of this employee

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.....  
.....

**PART III  
OVERALL ASSESSMENT BY DEPARTMENTAL COMMITTEE**

19. Judging from the overall performance of this member of staff during the period covered by this Report, do you find him/her:

|    | <b>NOTE: Tick as appropriate</b>   |  |
|----|--|--|
| a. | Eligible for promotion   |  |
| b. | Eligible for confirmation  |  |
| c. | Satisfactory performance   |  |
| d. | Recommended for increment only   |  |
| e. | To obtain more qualifications/experience before the next promotion                         |  |
| f. | Recommended for training   |  |
| g. | Recommended for promotion next year  |  |
| h. | Has reached the end of present career structure, otherwise, a good candidate for promotion |  |
| i. | To be transferred to a different job after the training                                    |  |
| j. | Unsatisfactory   |  |
| K  | To be reprimanded  |  |
| l. | To lose annual increment   |  |

|    |                          |  |
|----|--------------------------|--|
| m. | Grossly unsatisfactory   |  |
| n. | To be reduced in rank    |  |
| o. | To face misconduct panel |  |

.....  
**Committee Chairman**

.....  
**Date**

**GENERAL REMARKS/OBSERVATIONS**

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 .....  
 .....  
 .....

20. He/She served under me for ..... years.

Name: .....

**Signature:** ..... **Grade:** ..... **Date:** .....