



# FEDERAL UNIVERSITY OYE EKITI

## ACADEMIC STAFF ASSESSMENT/APPRAISALS FORM

FORM ASAP/I

(ACADEMIC YEAR \_\_\_\_\_)

PERIOD OF REPORT FROM: ..... TO .....

(Sections A & B are to be completed in triplicate by the candidate. Section C by the Head of the Department and Section D by the Dean of the Faculty concerned)

### SECTION A: General Information

1. **Name** (*Underline Surname*): .....
2. **Age next birthday**: ..... (b) **Nationality**: .....
3. **Marital Status**: ..... **Sex**: .....
4. **Department**: .....
5. **Faculty**: .....
6. **Date and Grade on First Appointment**: .....
7. (a) Has appointment been confirmed: .....
- (b) Date of Confirmation: .....

### CAREER WITHIN THIS UNIVERSITY

(Beginning with initial appointment to present position and date attained)

Post	Date
i. _____	_____
ii. _____	_____
iii. _____	_____
iv. _____	_____

8. **Date and Grade of last Promotion**: .....
9. **Date and Grade of Current Appointment**: (if different from above): .....
- .....
10. **Present Salary**: ..... **Grade/Step**: .....

### SECTION B: CRITERIA FOR WHICH POINTS MAY BE AWARDED

#### B1 ACADEMIC QUALIFICATIONS

UNIVERSITY DEGREE	CLASS (IF ANY)	INSTITUTION	DATE OF AWARD

## PROFESSIONAL

QUALIFICATION	AWARDING BODY / SOCIETY	DATE OF AWARD

### B2. PUBLICATIONS AND CREATIVE WORKS

*(To be listed on a separate sheet in chronological order within the categories below. The items shall include published works and those that have already been accepted for publication).*

(a) Books

*(List mainline books and chapters in books, editorship of a book, book of general interest, monographs, translations and transcription, teachers' guide, work book and pupils' texts)*

(b) Journal Article

(c) Conference Papers

*(Referred and Published)*

(d) Technical Reports

(e) Creative Works

*(List Creative Works, Music, Fine and Applied Arts, Literature, Archaeology, Technical Inventions, Designs and Constructions including setting up of Laboratory/Workshop)*

#### Items that should NOT be listed

The following items are not required and should not be listed.

(a) Theses and dissertations (unless actually published as books or monographs);

(b) Newspaper articles or student/popular/non-professional magazine articles;

(c) Papers contributed or read at conference;

(d) Unpublished or rejected manuscripts (however researched);

(e) Classified / secrete documents (however researched);

(f) Unpublished manuals/manuscripts describing technical inventions or machines/designs;

(g) Materials submitted for publication for which no definite acceptance has been received from publishers or editors;

(h) Work in progress and papers/books in preparation.

### B3. TEACHING AND PROFESSIONAL EXPERIENCE

(a) Employment/professional experience before Appointment in this University.

**Post**

**Date**

i. \_\_\_\_\_

\_\_\_\_\_

ii. \_\_\_\_\_

\_\_\_\_\_

iii. \_\_\_\_\_

\_\_\_\_\_

iv. \_\_\_\_\_

\_\_\_\_\_

v. \_\_\_\_\_

\_\_\_\_\_

*(Indicate clearly whether the post held were full-time/part-time)*

(b) Period of Teaching Experience in this University

*(Period of demonstratorship, graduate assistantship or instructorship are to be ignore)*

<b>Post</b>	<b>Date</b>	<b>Credit Load</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(c) Period of Study/Sabbatical Leave or Secondment

<b>Outside Institution</b>	<b>From</b>	<b>To</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(d) Period spent in Research Institute

<b>Institute</b>	<b>From</b>	<b>To</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(e) Undergraduate/Postgraduate supervision (Credit will be given for successful completed supervision)

<b>Project/Candidate Supervised</b>	<b>Date</b>	<b>Degree Awarded</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*(Where joint supervision is involved, this should be indicated, giving names of the co-supervisors)*

**B4. CONFERENCES**

Attendance at Conferences/Workshops

<b>Title, Date and Place</b>	<b>Paper Read</b>
_____	_____
_____	_____
_____	_____
_____	_____

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**B5. ADMINISTRATIVE EXPERIENCE: COMMITTEE WORK AND GENERAL CONTRIBUTION**

(a) Deanship/Associate Deanship/Directorship/Headship/Coordinatorship Experience

<b>Post</b>	<b>Date</b>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

(b) Service on Committee in this University

(i) Elective-Departmental/Faculty *Standing* Committees

<b>Committee</b>	<b>Position Held</b>	<b>Date</b>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

(ii) **University Committee**

**Position Held**

**Date**

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

(c) Service to Relevant Public Bodies/Committees

<b>Public Body</b>	<b>Position and Nature of Assignment</b>	<b>Date</b>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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<hr/>	<hr/>	<hr/>

**B6. CERTIFICATION**

I certify that the information given above is correct, and hereby request that it be used as the basis for consideration of my candidature for appointment/Promotion in the current exercise.

\_\_\_\_\_  
**Signature of Candidate**

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

\_\_\_\_\_  
**Name of Candidate**

**SECTION C:**

*(To be completed by the Head of the Department on the advice of the Departmental Appraisals Committee)*

**C1. GENERAL CHECKS AND CERTIFICATION**

I have checked the completed assessment/appraisal form of \_\_\_\_\_  
*name of candidate*  
and certify that the information supplied is correct. *(Documentary evidence where appropriate should be attached).*

**C2. SCORE ON PUBLICATION AND CREATIVE WORKS**

I certify that the department has scrutinized and evaluated the publications and creative works of the candidate and has recommended that the publications and creative works be scored (within the proved guidelines) as in the attached score sheet. (See the attached Form ASAP/2 which I have completed on behalf of the Departmental Appraisals Committee). In addition, I have the following comments on the work of the candidate:

**C3. STAFF TEACHING/PROFESSIONAL EXPERIENCE, POSTGRADUATE SUPERVISION AND RESEARCH SEMINARS**

(a) Comment on the attitude of the staff concerned to his work; his/her initiative and resourcefulness; his/her sense of responsibility.

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(b) Effectiveness of the staff concerned in his/her teaching duties, his/her committee work, postgraduate supervision and other relevant assignments.

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*(Indicate if the candidate is to be given all marks for teaching, Committee Works, etc, for the period under review)*

(c) Any other information on the staff member which you consider relevant.

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**C4. COMMENTS BY THE CANDIDATE**

I certify that I have seen the contents of this report and that my head of Department had discussed them with me. I have the following comment(s) to make:

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\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Candidate**

\_\_\_\_\_

\_\_\_\_\_  
**Name of Candidate**

**C5. FINAL DEPARTMENTAL RECOMMENDATION ON THE CANDIDATE**

*(State the post to which the candidate is being recommended and the effective date)*

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\_\_\_\_\_  
**Signature of Head of Department**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Head of Department**

*After section A, B and C of this form have been completed in triplicate, you should send two copies to the Dean who will later complete section D. The third copy is to be retained in the departmental personal file of the staff concerned.*

**SECTION D:**

*(To be completed by the Dean on the advice of the Faculty Appraisals/Assessment Committee).*

**D1. CERTIFICATION**

I certify that the Faculty Appraisal/Assessment Committee has appraised/assessed the candidate, taking into consideration all the information supplied in sections A,B,C of this form by the candidate and his/her Department. In accordance with the approved guidelines for appraisals/promotions/assessments/appointments, the score sheet of the candidate as approved by the Faculty is as in the attached Form ASAP/2 which now supersedes any score sheet previously supplied by the department.

**D2. FACULTY RECOMMENDATION**

*The candidate is hereby recommended for appointment/promotion as follows: (state recommended post and effective date)*

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\_\_\_\_\_  
**Signature of the Dean**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of the Dean**

*This form will be received in duplicate from the candidate's department. After section D had been completed, also in duplicate, a copy should be forwarded to the Controller of Personnel Services for staff member's records; while the second copy is kept in the Faculty Office personal file of the staff member concerned. Cyclostyled copies should later be prepared where appropriate for transmission to the Appointment and Promotion Committee or to the University Appraisals Committee as may be relevant.*

FORM ASAP/2 (ACADEMIC YEAR \_\_\_\_\_)

**ACADEMIC STAFF ASSESSMENT/APPRaisal SCORE SHEET FOR APPOINTMENT/ PROMOTION**

Name of Candidate: \_\_\_\_\_

Appointment/Promotion in view: \_\_\_\_\_  
(To be completed by Head of Department)

A) Quantitative Evaluation: \_\_\_\_\_

	CRITERIA	SCORES					
		LECTURES		RESEARCH FELLOWS		LIBRARY STAFF	
		Maximum	Actual	Maximum	Actual	Maximum	Actual
i.	Academic/ Professional Qualification	10		10		15	
ii.	Research and Publications/ Creative works	60		80		45	
iii.	Teaching/Professional duty	20		5		30	
iv.	Length of Service (since last Promotion/Appointment)	5		3		5	
v.	Contribution to the University and the Nation	5		2		5	
	<b>Total Score</b>	<b>100</b>		<b>100</b>		<b>100</b>	

B) Relationship with staff and students: .....  
.....  
.....

C) General Remarks by Head of Department: .....  
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.....  
.....  
.....  
.....

Date: ..... Signature: .....

(To be completed by the Dean of Faculty)

**D) Remarks of the Faculty's Appointment and Promotions Committee**

(a) 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 .....



Justification for Recommendation: .....  
.....  
.....

(b) Recommendation for Promotion: .....  
.....  
.....

Justification for Recommendation: .....  
.....  
.....

(C) Recommendation for Annual Increment: .....  
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.....

Justification for Recommendation: .....  
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.....

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

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**Signature of Scoring Officer**

**Date:** .....

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**Name/Rank of Scoring Officer**

*\*Head of Department at the Departmental level and Dean at the Faculty level.*

*(To be completed by the Registrar)*

**E) Average Score for three (3) years**

- 1. ....
- 2. ....
- 3. ....

**Date:** .....

**Signature:** .....