

FEDERAL UNIVERSITY WUKARI

200 Katsina-Ala road, P.M.B. 1020, Wukari Taraba State, Nigeria

(OFFICE OF THE REGISTRAR)

CONFIDENTIAL FILE NO: JP......

ANNUAL PERFORMANCE EVALUATION FORM

		JUNIOR S	TAFF ON	CONTISS 1 - 5)				
	PERIOD OF REPO	ORT	••••••	SESSION				
NOTE	: This form should be co	ompleted b	oy all Jur	nior Staff, endorsed and sent by the Head of				
Depar	tment to the Establishment	Division.						
1)	PART A							
1)	(Surname)	•••••••	•••••••	(Other Names)				
2)	Date of Birth							
3)	Nationality State of Origin LGA							
4)	Registered Domicile:							
5)	Department:							
6)	Date, Rank, CONTISS and	l Step on F	irst Appoi	ntment:				
7)	Present Salary Scale:							
	CONTISS		Ste	p:				
8)	Education / Professional O	ııalificatio:	n(s) with d	ates since first appointment:				
٥,	Education/Trotosolonal Q	uaiii catioi	1(0) WICH G	aces once mot appointment.				
	me of Schools tended	Period		Cert/Diploma/ Trade Test Certificate Obtained				
		From	То					
Signa	ature of Member of Sta	ff:		Date:				

9) TO BE COMPLETED BY THE SUPERVISING/ REPORTING OFFICER

In assessing the candidate, the Supervising/Reporting Officer is requested to score in the appropriate columns below:

	Area of Scoring	5	4	3	2	1
i.	Efficiency					
ii.	Ability to learn					
iii.	Knowledge of work					
iv.	Initiative					
v.	Leadership qualities					
vi.	Dependability and reliability					
vii.	Attitude to work					
viii.	Relationship with staff/public					
ix.	Punctuality					
X.	Integrity					
xi.	Promotion Exam scores out of 50		•		1	

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NB: To be eligible for promotion, a candidate must score a minimum of 30 marks from i-x above and 30 marks from Promotion examination making a total of 60 marks.

KEY: Outstanding 5 Marks
Very Good 4 Marks
Good 3 Marks
Satisfactory 2 Marks
Poor 1 Mark

The summary of my assessment is that he/she is:

- a) Recommended for Promotion to the rank of.....
- b) Qualified for confirmation of appointment to the retiring age of 65 years in Service
- c) Qualified for Commendation for hard work.
- d) Not recommended for any change in status.
- e) Recommended for Disciplinary action for the following reasons:

Date	Chairman, JSC	_
Recommended /	Not Recommended	
Decision of the Ju	nior Staff Committee:	
NAME OF HEAD OF DEPT.	SIGNATURE	<u></u>
If no, please comment freely:	(133)	
Do you endorse the recommendation of th	ne Reporting Officer? (Yes) (No)	
RECOMMENDATIONS OF HEAD	O OF DEPARTMENT	
Signature:	Date:	
Designation:		
Name of Reporting Officer:		
		•••••