

TAI SOLARIN UNIVERSITY OF EDUCATION, IJAGUN

JUNIOR STAFF APPRAISAL FORM

File No.....

Year.....

PERIOD OF REPORT: FROM:..... To.....

Section A to be completed by the Staff on CONTISS 01-05

Section B to be completed by the Supervisor/Head of Department and Staff

Section C to be completed by the Supervisor/Head of Department

SECTION A

1. Full Name of Staff (Surname in Block Capitals).....
2. Date of Birth:.....
3. Marital Status:.....
4. Present Post:.....
5. Present Department:.....
6. Date of First Appointment in the University:.....
7. Date Appointed to Present Post:.....
8. Nature of Present Appointment: Regular/Temporary/Contract:.....
9. Date of Last Promotion/Regrading :
10. Present Salary Per Annum and Scale: N..... CONTISS.....
11. Qualification(s) held with date:.....
.....
.....
12. Total Number of days absent on Sick Leave during period of Report:.....
13. Period of Maternity Leave:.....
14. Duties Performed by the Employee:.....
.....
.....

.....
Signature of Staff

.....
Date

SECTION B

Tick Appropriate Column

Details	High	Above Average	Average	Below Average	Poor	Marks Awarded
	A (5)	B (4)	C (3)	D (2)	E (1)	
Foresight						
Job Knowledge						
Output						
Quality of Output						
General Intelligence						
Integrity						
Punctuality						
Relation with the Public						
Relation with Co-workers						
Contributions to the University or Community						

Total Marks Obtainable..... Total Marks Obtained.....

Signature of Reporting Officer..... Date.....

I certify that I have seen the contents of this Report, I have the following comment to add, after having discussed the ratings with the Supervisor/Head of Department.

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.....
Signature of the officer reported on

.....
Date

SECTION C (TO BE COMPLETED BY THE SUPERVISOR/HEAD OF DEPARTMENT)

(i) SUMMARY OF ASSESSMENT

Very Effective () Effective () Fairly Effective ()
Perform Duty Moderately () Definitely Ineffective ()

(ii) SUMMARY OF EVALUATION

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

(iii) ANY ADVERSE REPORT SINCE LAST APPRAISAL

.....

(iv) PLEASE UNDERLINE ACTION RECOMMENDED

(Promotion) (Regrading) (Conversion) (Commendation) (Normal increment)
(Normal Increment with Warning) (Increment to be deferred)
(Increment to be withheld) (Termination of Appointments/Dismissal)

(v) Any Warning or Commendation received during the year.....
.....He

/She has served under me for the past..... years..... months.

Name of Supervisor/Head of Department.....

Signature.....

Post Held.....

CONTISS Scale:..... Date:.....

Indicate overall performance of duties by ticking the appropriate box below. This should reflect the performance actually achieved in the circumstances which prevailed as scored above.

Outstanding	Exceptionally effective (41 – 50 marks)	<input type="checkbox"/>
Very Good	More than generally effective but not positively outstanding (31-40 marks)	<input type="checkbox"/>
Good	Generally effective (21-30 marks)	<input type="checkbox"/>
Fair	Performs duties moderately well (20-29 marks)	<input type="checkbox"/>
Unsatisfactory	Definitely ineffective and not up to the duties (1-19 marks)	<input type="checkbox"/>

(i) General Comments of Reporting Officer: (This aspect would reflect other information on the Officer being assessed which otherwise has not been covered in the evaluation so far).....

(ii) Please state if the officer being assessed is under any disciplinary action(s)

.....
Name and Signature of the Reporting Officer

Date:

.....
Name and Signature of the Divisional Head/
College Officer

Date: