

UNIVERSITY OF SIERRA LEONE

ADMINISTRATIVE STAFF ANNUAL PERFORMANCE APPRAISAL REPORT

The purpose of this form is you (the Appraisee) to make your statement of the contributions you are making towards assisting the university in meeting its mandate of teaching, research and community service.

You are entitled to see the form again after your supervisor (the Appraiser) has added his/her comments. The appraisal shall be followed by an interview between the Appraiser and the Appraisee, and the relevant sections signed and dated by both. The meeting shall also involve the drawing up of a plan of action for the ensuing period, setting out the performance objectives agreed for the Appraisee and action(s) to be taken by the Appraiser towards meeting them.

Office/Department:.....

Reporting Period:.....

PART I

Personal and employment information (to be completed by the appraisee).

1. Full Name(in Block Letter) :.....
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2. Date of Birth:.....

3. Qualifications Held:

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4. Date of First Appointment:.....

5. Present Position:.....

6. Date of Promotion (if applicable):.....

7. Present Salary:..... Scale:.....

8. Courses undertaken during this period of Report:

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9. Give Details of Your Major Job Responsibilities:

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10. Briefly State the duties performed during the period in order of importance:(attach additional sheet if necessary)

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11. List any Ad Hoc duties performed and contributions made outside your normal duties including working outside normal hours: (attach additional sheet if necessary)

12. State any SICK/MATERNITY/EMERGENCY Leave taken:

Signature:.....

Date:.....

PART II

1. Assessment of Performance

Use the following parameters to assess the attributes you have. Each attribute is described in terms of OUTSTANDING (A) to UNSATISFACTORY (E). Letter (X) indicates no opportunity for assessment. **(please tick the appropriate column)**

TOP OF THE SCALE	A	B	C	D	E	X	<u>BOTTOM OF THE SCALE</u>
i. Foresight & Penetration Anticipates problems and gets straight to the root of the problem							Seldom see below the surface of the problem
ii. JUDGEMENT Views matters constructively and objectively							Poor perception of relative merits or feasibility in most situation
iii. QUALITY OF WORK Maintains standard							Displays low level of work
iv. OUTPUT (VOLUME) Gets a great deal of work done							Low output
v. SENSE OF RESPONSIBILITY Exercises sense of responsibility							Little sense of responsibility
vi. PERFORMANCE UNDER PRESSURE Performs competently under pressure							Performs poorly under pressure
vii. RELATIONSHIP WITH COLLEAGUES Cooperates and gets along well with colleagues							Finds it difficult to work with colleagues
viii. MANAGEMENT OF SUBORDINATES Maintains discipline, provides clear instructions, organizes and inspires subordinates to be at their best							Incapable of maintaining discipline
ix. EXPRESSION ON PAPER Cogent, clear and well set out							Often makes mistakes in his/her expression, clumsy and obscure
x. ORAL EXPRESSION Puts points across clearly and concisely							Finds difficulty in expressing him/herself
xi. PUNCTUALITY Regularly punctual at work							Often late to the office
xii. APPEARANCE AND COMPORIMENT Always neat and carries him/herself well							Slovenly, does not comport him/herself well

2. General comments:(A full and Frank Statement is Required about the Staff Member)

- a) State any commendable qualities not listed elsewhere:

- b) Has any adverse criticism been communicated to the staff member regarding his/her performance? If yes, what was the nature of the criticism?

- c) What was the reaction of the staff member, if the answer to b) is yes?

- d) Has the incident of sick leave, if any, negatively affected the performance of the staff member during the report period?

- e) Recommendations for improvement:

- f) Any additional comments you may wish to make:

Signature of Head of Department:..... Date:.....

3. Appraiser's Comments

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

PART III

CONFIDENTIAL REPORT BY THE HEAD OF DEPARTMENT

1. General Comments on the Report (Comment on the details given in PART I made by the staff member)

2. Is staff member suitable for normal or accelerated promotion?

Signature:..... Date:.....
Head of Department

PART IV

Head of Campus or University Registrar's Comments:

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