

UNIVERSITY OF PROFESSIONAL STUDIES, ACCRA

ANNUAL STAFF APPRAISAL FORM

PERIOD OF REPORT

FROM:.....**TO:**.....

PART 1

A. PERSONAL PARTICULARS AND RECORD OF EMPLOYMENT

(To be completed by Dean, HOD or HR Officer)

.....

- 1. Position/Rank
- 2. Date of First Appointment
- 3. Present Grade
- 4. Present Salary Point
- 5. Acting Appointment: Grade Scale
- 6. Courses undertaken during period of report:

a. University of Professional Studies nomination

.....

b. Privately sponsored

.....

B. LEAVES

- 1. Leaves taken
- 2. Accrued Leave (Not taken at the time of report)
- 3. Sick Leave
 - a. Period(s) of sick leave
 - b. Period (s) of maternity leave
 - c. Number of days taken/granted sick leave in a year:
 - i. With medical certificatedays
 - ii. Without medical certificatedays

- 4. Frequency of Hospital Attendance
 - Five (5) times or more per year
 - One (1) to four (4) times per year
 - None

.....
SIGNATURE OF DEAN/HOD OR HR OFFICER

NAME

DATE

PART II

ASSESSMENT OF PERFORMANCE

(To be completed by Head of Department)

Please, rate employee’s performance with regards to the following items (tick the appropriate column). If applicable please indicate N/A.

No	Name	1	2	3	4	5	-
		Unsatisfactory	Fair	Good	Very Good	Excellent	N/A
1	Job Knowledge: Theoretical and practical knowledge as related to present job						
2	Organizing Ability: Effectiveness in Planning work						
3	Attitude: Enthusiasm shown for job, loyalty and ability to accept criticism and change						
4	Dependability: Reliability in carrying out assignments						
5	Effectiveness: Ability to apply imaginative to job, to develop new plans, save materials, save cost.						
6	Leadership: ability to stimulate colleagues/subordinates to perform jobs effectively						
7	Efficiency: Skill/Effectiveness of carrying out duties assigned, high standards maintained.						
8	Acceptance of responsibility: Seeks and accepts responsibility at all times.						
9	Performance: Performs competently under pressure.						
10	Work Output: Ability to meet targets, work done within a set of time frame.						
11	Written expression: Puts his/her points across convincingly and consistently						
12	Oral Expression: Puts his/her points across convincingly and consistently						
13	Punctuality: At all times						
14	Availability: Regularly available at work						
15	Appearance and comportment						
16	Courtesy						
17	Affability						
18	Respectability to senior officers						
19	Respectability to junior officers						
20	Respectability to outsiders						

SUMMARY OF ASSESSMENT

The officer's overall performance isout of 100.....
NB: Please convert into percentage

PART III **STRENGTHS AND WEAKNESSES**
(To be completed by Dean/Head of Department)

- 1. State officer's area of strength for which he/she can be commended
.....
.....
- 2. State weaknesses and deficiencies in performance
.....
.....
- 3. Make recommendation (s) for improvement in the performance of the officer's duties (e.g. training requirement on or outside the job etc.)
.....
.....
.....

PART IV **CONDUCT**
(To be completed by Head of Department)

1. Was any commendation given to the officer during the year? Yes No

If yes, please give details:

Nature of conduct giving rise to commendation

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

a. Nature of commendation

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

2. Was any warning or disciplinary action taken against the officer during the year? Yes No

If yes, please give details:

Nature of conduct giving rise to disciplinary action:

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

a. Nature of disciplinary action taken:

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

3. How would you rate his/her overall conduct during the year (please, tick one of the following)

Unsatisfactory 1	Satisfactory 2	Good 3	Very Good 4	Excellent 5

PART V

1. Please, indicate the suitability of officer for (please tick as appropriate)

- a. Accelerated promotion
- b. Normal promotion
- c. Annual increment
- d. Special commendation
- e. None of the above

2. Reporting Officer (Head of Department)

Name

Rank

Signature

Date

PART VI

COMMENTS/CONSENT OF STAFF REPORTED ON

I certify that I have seen the contents of this report and that my superior has discussed them with me.

I agree/disagree with the content of the report (Cancel the inappropriate).

My reason(s) is/are

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

Signature of staff reported on.....

Name

Date

PART VII

EXECUTIVE COMMITTEE’S COMMENTS

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.....

REGISTRAR’S SIGNATURE

DATE