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 certificate ……………………………………………………………………………………………………..
      ii. Without medical certificate ……………………………………………………………………………………………….

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 regard to the following items (tick the appropriate column). If applicable please indicate N/A.

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

The officer’s overall performance is ..............................................................out 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)

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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

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

REGISTRAR’S SIGNATURE ..............................................................

DATE ...........................................................................................................