



LAGOS STATE UNIVERSITY OF EDUCATION, OTO/IJANIKIN

**ANNUAL PERFORMANCE EVALUATION REPORT
FOR OFFICERS ON CONUNASS 6 AND ABOVE
(Administrative, Professional & Technical Staff)**

PF NO: FROM: TO:

**PART I
PERSONNEL RECORDS OF OFFICER
(To be completed by the concerned Staff)**

1. NAME OF OFFICER:

.....
(SURNAME) (FIRST NAMES)

2. COLLEGE/DEPT./ DIV. / UNIT:

3. Date of Birth

4. Date and Post of first appointment into the service

5. Present substantive post and CONUNASS:

6. Date appointed/ promoted to current post:

7. Date of confirmation of appointment:

**8. Acting appointment held during the period of report with
dates:**

9. Qualifications Acquired: (Academic, Professional or Technical)	Year Obtained
I.
II.
III.

10. JOB DESCRIPTION / SCHEDULE OF DUTIES:

a. State below in order of importance, the main duty performed during the period of report:

- I.
- II.
- III.
- IV.



b. Has there been any joint discussion between you and your supervisor during the period covered by this Report:

Yes/ No

c. State the various difficulties encountered in achieving the set target and the effort you and your supervisor put in to rectify them:

- I.
- II.
- III.
- IV.

d. What are the methods adopted by your supervisor to assist you in solving the difficult problems?

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

e. State any ad-hoc duties performed during the reporting year:

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

11. Training Course/Seminars attended within

The last assessment year

Period of Training

From:

To:

- I.
- II.

12. JOB PERFORMANCE:

Comment on duties performed during the period of this report:

a. Looking back on the past year, which jobs assigned to you do you think you have undertaken satisfactorily or unsatisfactorily in relation to that tasks/main duties performed during the period of reports?

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

b. What are the causes or reasons, personal or outside our control, to which you describe your success or lack of success.....

.....
.....

c. Is the most effective use being made of your capabilities in your present job? Do you think that your abilities could be better used in your present job or in another kind of job? If yes, state:



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

13. Training Needs

Do you think that you need more training or experience to enable you to do your job better? If so, of what kind?

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

Date & Signature of concerned Staff.....

PART II

TO BE COMPLETED BY SUPERIOR OFFICER OF THE CONCERNED STAFF

1. ASSESSMENT OF PERFORMANCE:

Do you and the concerned staff agree on the main duties performed and the order of importance? (If not, please discuss the changes with him and record any unresolved differences here):

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

2. ASPECTS OF PERFORMANCE

In assessing performance, you are to consider the rating scale below:

Excellent - 5; Very Good - 4; Good - 3; Fair- 2; Poor - 1.



JOB ASSESSMENT

	Assess objectively how the officer has performed his/her set tasks. This may include	MERIT RATINGS (TICK ONLY ONE BOX) (R)				
		5	4	3	2	1
a.	Knowledge of work					
b.	Application of Professional/Technical Knowledge					
c.	Quality of work					
d.	Judgment (quality of his/her decisions and contributions to policy formulation) where relevant					
e.	Work-speed and accuracy					
f.	Effectiveness of Communication					
g.	Human relations: (relations with staff and public)					
h.	Management of Staff (How well he/she is able to organize and effectively make use of subordinate staff)					
GENERAL ABILITY - This section is for the overall Assessment of Officer's general ability at work						
i.	Mental Capacity/ Initiative					
j.	Effective use of figures/data					
k.	Capacity for work					
PERSONAL QUALITIES						
l.	Dependability					
m.	Acceptance of responsibility					
n.	Reliability under pressure					
o.	Loyalty to the organization					
p.	Appearance					
WORK HABITS						
q.	Drive & Determination					
r.	Resource Utilization					
s.	Punctuality					
TOTAL SCORE						

N.B: Total maximum score is 95.

To calculate percentage:

Marks_Obtained X 100

Marks Obtainable

Please give specific remarks for the grading in this section:

.....

.....

.....



.....
.....

3. TRAINING NEEDS:

Indicate Training needs necessary to improve the performance or potentials of the officer

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

4. GENERAL REMARKS:

Please provide any additional relevant information here, drawing to any particular strengths or weaknesses and indicate special aptitudes (if any) demonstrate by the officers:

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

5. DO YOU SUGGEST THE CONCERNED STAFF FOR?

- a. A different job in the same grade: YES/NO
- b. Transfer to a job at similar level in another occupation or cadre? YES/No

If you have answer YES to either question, say which kind of job and give your reasons below:

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

The Officer has served under me for the past.....Year andmonths

Signature of Superior Officer.....

Name in Block letters.....

Designation.....

Date.....

PART III

Comments by the Concerned Staff

I certify that I have seen contents of this report and that the reporting officer has discussed them with me. I have the following comments to make (if no comments indicate so hereunder):

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

Date.....



Signature of Officer

PART IV

(To be completed by the Reporting Officer)

PROMOTABILITY

i. Promotion Grading

a. **Accelerated Promotion** (Exceptional in-everyway:
Outstanding growth potential; promote well ahead
Of contemporaries)

b. **Normal Promotion**
(Performing well in present grade and should
Fill the next grade satisfactory: considered
Along with contemporaries)

c. **Not Recommended**

Give reasons for the recommendation made:

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

DECLARATION

I.....hereby
declare that the above report has been written with the highest sense of responsibility and to the best of my
judgment and with due regards to my conscience.

Signature of Superior Officer.....Date.....

PART V

Comments and Signature of Head of Department:

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

Name..... Signature & Date.....



PART VI

FOR OFFICIAL USE ONLY

COMMENTS AND SIGNATURE OF THE REPRESENTATIVE OF THE ESTABLISHMENTS DIVISION.

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

Name..... Signature & Date.....