

UNIVERSITY OF HEALTH AND ALLIED SCIENCES

PERFORMANCE APPRAISAL FOR PERMANENT JUNIOR AND SENIOR STAFF

For the period January to December.....

I. TO BE COMPLETED BY STAFF/HEAD OF DEPARTMENT, as appropriate

a. PERSONAL INFORMATION

Surname.....

Other Name (s).....

Department.....File No.....

Present Grade (e.g. Senior Clerk /Senior Driver, etc.).....

b. DETAILS OF WORK:

Please refer to the **previous year’s appraisal (Section V. Key Objectives)** as well as the Scheme of Service and provide a rating on how well the staff met the targets set.

(Please use the following as a guide for rating)

Excellent (90-100)%	Very Good (75-89)%	Good (60-74)%	Average (50-59) %	Below Average (40-49) %	Unsatisfactory Below 40%
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TO THE STAFF: Describe the main tasks you performed during the year under assessment. Indicate, if any, problems encountered in the performance of your tasks	How well did you perform?		
	Grading	Self Assessment	Head’s Assessment
	Excellent		
	Very good		
	Good		
	Average		
	Below Average		
	Unsatisfactory		
	Excellent		
	Very good		
	Good		
	Average		
	Below Average		
	Unsatisfactory		
	Excellent		
	Very good		
	Good		
	Average		
	Below Average		
	Unsatisfactory		

	Excellent		
	Very good		
	Good		
	Average		
	Below Average		
	Unsatisfactory		
	Excellent		
	Very good		
	Good		
	Average		
	Below Average		
	Unsatisfactory		

TO BE COMPLETED BY HEAD OF SECTION /DEPARTMENT

II. REVIEW OF PERFORMANCE

- a. Overall, how well has the appraisee met the **main tasks and objectives of the job** during the year under assessment? (Please mark the appropriate box with X)

Excellent (90-100) %	Very Good (75-89)%	Good (60-74) %	Average (50-59) %	Below Average (40-49)%	Unsatisfactory Below 40%

- b. Please tick the rating that best describes staff for the following:

KNOWLEDGE OF JOB

Knows only routine work	
Knows more than just routine, repetitive work	
Has good knowledge about nearly all aspects of work	
Has sound knowledge of ALL aspects of work	

QUALITY OF WORK

Shoddy work – constant checking or correction required	
Sometimes falls short and requires checking and correction	
Occasionally falls short but needs very little checking or correction	
Usually accurate – hardly any checking or correction is required	

ABILITY TO MEET DEADLINES

Very slow – always fails to meet deadlines or respond promptly to instructions	
Average speed	
Above average Speed	
Very fast	

CO-OPERATION

Generally difficult to work with	
Occasionally difficult to work with	
Usually co-operative	
Very co-operative	

LEADERSHIP- TEAM-WORK (Where applicable)

Unable to stimulate team work	
Generally able to stimulate team work	

LEADERSHIP- CONTROL OF SUBORDINATES (Where applicable)

Unable to control subordinates	
Generally able to control subordinates	

INITIATIVE

Always waits to be told what to do	
Often waits to be told what to do	
Usually takes initiative	
Always a self-starter	

WORK ATTENDANCE

Not regular and does not stay at post	
Not regular but stays at post	
Usually regular but does not stay at post	
Usually regular and stays at post	

PUNCTUALITY

Habitually late	
Usually late	
Usually punctual	
Always punctual	

III. TRAINING AND DEVELOPMENT NEEDS

- i. With reference to the job description/key tasks, what competencies/skills does the employee lack?

- ii. What specific trainings would you recommended to enable him/her acquire the competencies needed?

IV. SETTING OBJECTIVES

Please discuss with the appraisee, key job objectives/tasks against which performance will be evaluated at the end of the year/period of evaluation:

Key job objectives /tasks

- 1.
- 2.
- 3.
- 4.

V. OVERALL ASSESSMENT (To be completed by Head of Section/Department)

	(90-100)% Outstanding	(75-89)% Very Good	(60-74)% Good	(50-59)% Average	(40-49)% Below Average	Less than 40% Unsatisfactory
WORK						
CONDUCT						

Please give specific examples of **outstanding, below average or unsatisfactory** work and/or conduct in the section below. Letters of Commendation or Warning should be copied to General Administration.

VI SPECIFIC EXAMPLES AND/OR OTHER COMMENTS, IF ANY

(Please feel free to use extra sheets):

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Name of Appraiser

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Signature of Appraiser

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Rank of Appraiser

.....
Date

VII. COMMENTS BY HEAD OF DEPARTMENT (If above assessment is by Sectional/ Unit Head)

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Name.....Signature.....

NOTE: THIS REPORT MUST BE SHOWN TO STAFF CONCERNED BEFORE IT IS SENT TO THE REGISTRAR

VII. COMMENTS BY THE EMPLOYEE

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Signature

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Date