<table>
<thead>
<tr>
<th>Version No.</th>
<th>Date</th>
<th>Purpose/Changes</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>01/08/2013</td>
<td>First version</td>
<td>Registrar</td>
</tr>
</tbody>
</table>
LAGOS STATE UNIVERSITY, OJO
NON – ACADEMIC STAFF ESTABLISHMENT DIVISION

ANNUAL PERFORMANCE EVALUATION FORM FOR PROMOTION OF
JUNIOR STAFF ON LEVEL 01- 05

FILE NO: LASU/PF/JS/_______

1. STAFF PROFILE:


   Faculty/Department: _____________________________________________________________

   Name: ___________________________ Surname First Mr./Mrs./Miss. Date of Birth: ___________

   Date of First Appointment: _______________ Status: ___________ Salary: _______________

   Date of Confirmation of Appointment (if any): ____________________________

   Present Status: __________________________ Present Salary: __________________________

   Date of Last Promotion (if any): ______________ Status: ___________ Salary: ___________

   Date of Last Conversion (if any): ____________________________ Status: ___________ Salary: __________

   Date of Last Upgrading (if any): __________________________ Status: ___________ Salary: __________

2. ACADEMIC PROFILE

   A. Entry-Point Qualification:
      (e.g. Primary six or JSE III WASC/GCE
      List of Subjects and Grades with Dates
      • Trade Test certificates with Dates
      • Professional qualifications with Dates
      • Others

   B. Additional Qualifications (if any)
      (e.g. Lists of Subjects and Grades with dates)
      * Trade Tests certificates with dates
      * Professional Qualifications with dates
      * Others

   C. In-service Course Under-taken to Date:

<table>
<thead>
<tr>
<th>DATE</th>
<th>COURSE TITLE</th>
<th>INSTITUTION</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
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</table>


3. **JOB DESCRIPTION:**

A. **NATURE OF ASSIGNMENT DURING THE PERIOD**
   (to be completed by all members of staff)

   State your main duties during the period covered by this report:

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   Any other useful information peculiar to your duty during the period covered by this report:

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   Date ____________________ Signature ________________________

B. **TO BE COMPLETED BY IMMEDIATE SUPERVISOR UNDER WHICH THE MEMBER OF STAFF ON CONUNASS 01-05 MUST HAVE SERVED FOR AT LEAST SIX MONTHS DURING THE PERIOD OF REPORTING**

   1. Number of days of absence from the University during the period
      (A) Sick Leave ____________________________
      (B) Casual Leave __________________________
      (C) Annual Leave _________________________
      (D) Training Leave _________________________
      (E) Absence without Permission ______________

   Sanctions incurred by the member of staff during the period of reporting.
   Please state the nature of such sanctions and disciplinary action(s) taken:

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   State main work performed by the Employee during the period covered by this report with particular attention drawn to any work considered exceptional or specially meritorious

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
How effective is he/she in the performance of the duties outlined

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Name of Reporting Officer: ________________________ Status of Reporting Officer: ________________

Signature of Reporting Officer and Date: _______________________________________

NOTE: A Minimum of 60% earns Annual Salary Increment
A Minimum of 70% as average score in 3 consecutive assessments earns a Promotion award

4. ASSESSMENT RATING: The Head of Division/Unit/Faculty Officers in the Faculties

<table>
<thead>
<tr>
<th></th>
<th>MAXIMUM SCORE</th>
<th>H.O.D.’S ASSESSMENT OF ALL JUNIOR STAFF</th>
<th>FACULTY OFFICER’S ASSESSMENT (FOR ALL FACULTY STAFF)</th>
<th>ENVIRONMENTAL UNIT/TRANSPORT UNIT ASSESSMENT OF CLEANERS/DRIVERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Work</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization of Work</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative/Adaptability</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Attitude to Work</td>
<td>10</td>
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<td></td>
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<tr>
<td>Ability to Work with</td>
<td>10</td>
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<tr>
<td>Minimum Supervision</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Level of Responsibility/Reliability</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Self Improvement Effort</td>
<td>10</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Human Relations</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Punctuality</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Overall Conduct</td>
<td>10</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100</strong></td>
<td></td>
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</tbody>
</table>

Name and Signature of Head of Department _____________________ Date ________________
This should be based on provision in this year’s Budget. Faculty Officers to assess for faculty staff.

<table>
<thead>
<tr>
<th>NOTED: Tick appropriate</th>
<th>H.O.D/FACULTY OFFICER</th>
<th>ENVIRONMENTAL UNIT/ TRANSPORT UNIT OFFICER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommended for Promotion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recommended for normal Annual Increment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has reached the end of Career Structure to stagnate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To loose Annual Increment and be reprimanded</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To be recommended for Termination of Appointment based on continuous adverse reports</td>
<td></td>
<td></td>
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</tbody>
</table>

Name and Signature of Assessing Officer _________________________________ Date: ______________

6. **STAFF REMARK**

I have seen and read this evaluation of my performance over the past year. I agree/disagree with the evaluation and I will forward my comments within an hour indicating my disagreement (Delete whichever is not applicable)

_________________________________________  ___________________ ______  _____________
Name          Signature            Date
LAGOS STATE UNIVERSITY, OJO
NON – ACADEMIC STAFF ESTABLISHMENT DIVISION

ANNUAL PERFORMANCE EVALUATION REPORT FOR SALARY INCREMENT,
JUNIOR STAFF ON LEVEL 01 – 05

FILE NO: LASU/PF/JS/_______

PERIOD OF REPORT: FROM 2012 TO 2013

Part ‘A’

(To be completed by member of staff)

NAME IN FULL (SURNAME FIRST): …………………………………………………………………

DATE OF BIRTH: …………………………………………………………………………………

FACULTY/DEPT./UNIT: ………………………………………………………………………

DATE OF CONFIRMATION OF APPOINTMENT: …………………………………………………

DATE & GRADE OF LAST PROMOTION/APPOINTMENT: ………………………………………

PRESENT STATUS (DESIGNATION): ……………………… SALARY GRADE: …………………

PART ‘B’

NOTE: A Minimum of 60% earns Annual Salary Increment

Assessment ratings: - The Faculty Officers in the Faculties assess as the H.O.D.

<table>
<thead>
<tr>
<th></th>
<th>Supervising Officer’s Assessment</th>
<th>H.O.D.’s Assessment (Environmental Unit/Transports Units Assessment of Cleaners/Drivers Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of work</td>
<td></td>
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<tr>
<td>Organization of Work</td>
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<td>Overall Conduct</td>
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</table>

TOTAL
PART ‘C’

(i) RECOMMENDATION OF SUPERVISING OFFICER

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

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Signature/Designation Date

(ii) H.O.D.’S RECOMMENDATION

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

................................................................. .................................................................
Signature/Designation Date

(iii) COMMENTS BY STAFF

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

................................................................. .................................................................
Signature Date