



THE FEDERAL POLYTECHNIC, ILARO

STAFF FILE NO.: _____ MOBILE PHONE NO.: _____

ANNUAL PERFORMANCE EVALUATION REPORT JUNIOR STAFF

PERIOD COVERED: JANUARY, 2024

TO: DECEMBER, 2024

PRESENT APPOINTMENT: _____ DATE OF PRESENT APPOINTMENT: _____

SCHEDULE A

[To be completed by the Staff]

1. NAME in full [Surname first]: _____
[Surname] [First] [Middle]
2. Division/School: _____ Department: _____
3. Sex: _____ 4. Marital Status [Single or Married]: _____
4. No. of Children: _____ 6. Date of Birth: _____
[DD – MM – YY]
7. Age: _____

8. **Institutions attended:**

S/NO	Institutions attended	Qualifications	Subjects Passed and Grades	Date Obtained
a				
b				
c				
d				

9. **Training-course[s]/Examination[s] taken during the appraisal period under review.
[Attach photocopy of relevant documents]**

S/No.	Course[s]/Examinations	Results/Certificates Obtained	Dates
a			
b			
c			
d			



10. **Relevant career experience outside the Polytechnic**

S/No.	Establishment	Post	Dates
a			
b			
c			
d			

11. **Career Experience in the Polytechnic:**

		POSITION	OTHER JOB TITLES	CONTEDISS/STEP	DEPARTMENT	DATE
a.	1ST APPOINTMENT					
b.	PROMOTED/ HARMONISED/ REGRADED TO					
c.						
d.						
e.						
f.						

12. [a] PRESENT SALARY: N _____ P/A. [b] CONTEDISS/Step: _____

[c] HAS THE APPOINTMENT CONFIRMED? YES/NO

[d] DATE OF CONFIRMATION: _____

13. **Present Duties:**

- i. _____
- ii. _____
- iii. _____
- iv. _____
- v. _____
- vi. _____
- vii. _____

14. **CERTIFICATION:**

I hereby certify that the information above is correct.

Signature of Appraisee

Date



SECTION B

[To be completed by the employee’s immediate Supervisor/Head of Department]

15. Head of Department/Immediate Supervisor’s performance rating for the appraisal period under review.

Each aspect of performance is described in terms of excellent performance 10, through very poor performance 0. Appropriate scores be given in the space provided.

Rating 0, should be given if it truly represents the position and the rater should substantiate in writing, indicating specific grounds on which assessment is based.

	Parameter	Maximum Points	Scores	Minimum Points
a	Additional relevant qualification	10		0
b	Punctuality at Work	10		0
c	Regularity at Work	10		0
d	Health as it affects work	10		0
e	Initiatives at Work	10		0
f	General co-operation	10		0
g	Reliability in accomplishing tasks	10		0
h	Acceptance of responsibility	10		0
i.	Quality of Work	10		0
j	Quantity of output	10		0

Percentage Score = _____

16. Overall Performance [Tick as appropriate]

A	B	C	D	E
Excellent Performance	Good Performance	Satisfactory Performance	Unsatisfactory Performance	Extremely Poor Performance
80% and Above	60% - 79%	40% - 59% Normal increment only	20% - 39% Withhold increment/warning	19% and below Terminate Appointment

17. **Immediate Supervisor/HOD Recommendation:**
[Please note page 2 paragraph 11]

Name: _____ Signature & Date: _____



18. **Comment by Employee**

I certify that I have seen and discussed with my Supervisor/Head of Department, the content of this report, and I wish to comment as follows:

Signature: _____ Date: _____

19. Final comment by the Head of Division/Director of School. You are to please refer to page 3 paragraph 17 and make appropriate recommendations[s].

Name of Head of Division/Director of School: _____

Signature _____

Date _____

SCHEDULE III

20. Comment of the Polytechnic Appraisal Committee:

Chairman's Signature: _____ **Date:** _____

