



**LAGOS STATE UNIVERSITY OF EDUCATION, OTO/IJANIKIN**

**ANNUAL PERFORMANCE EVALUATION REPORT  
FOR OFFICERS ON CONUNASS 1-5  
(Administrative, Professional & Technical Staff)**

PF NO: ..... FROM: ..... TO: .....

**PART ONE**

**1. NAME OF OFFICER:**

.....

(Surname)

(First names)

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

**3. Date of Birth:** .....

**4. Education qualifications:** .....

a. Previously Acquired: .....

b. Acquired during period of Report: .....

**5. Date of appointment to the service and post to which appointed:** .....

**6. Date appointed/ Promoted to current Post:** .....

**7. Present Post and CONUNASS:** .....

**7. JOB DESCRIPTION/ SCHEDULE OF DUTIES**

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

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

b. Has there been any joint discussion between you and your supervisor during the period covered by this report: (Yes/ No)

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

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

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

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



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e. Period in which you have been on the schedule of duty referred to in (a) above:  
From ..... To .....

8	Training Courses/Seminars attended within the last assessment year	Period of Training	
		From	To
i.			
ii.			

**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 in relation to the tasks/main duties performed during the period of report?

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

b. Do you think that your abilities could be better used in your present job, or in another kind of job?

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

**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?

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

The following ratings are attached to the grading:

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

**PART TWO**

**9. JOB ASSESSMENT**



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**This Section Should Be Filled By the Superior Officer**

Assess objectively how the officer has performed his/her set tasks.

This may include:

		MERIT RATING (Tick the Box)				
		(R)				
		5	4	3	2	1
i.	Punctuality					
ii.	Judgment					
iii.	Output of Work					
iv.	Quality of Work					
v.	Conduct and Discipline					
vi.	Determination					
vii.	Initiative					
viii.	Oral/Written Expression					
ix.	Management of Staff (where applicable)					
x.	Relations with Colleagues					
xi.	Relation with the Public					
xii.	Foresight					
<b>TOTAL SCORE</b>						

Signature of Officer..... Date Submitted.....

**10. TRAINING NEEDS:**

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

**11. GENERAL REMARKS:**

Please provide any addition relevant information, drawing attention to any particular strength or weakness and indicate special attitudes (if any) demonstrated.

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 .....  
 .....

**12. (Comments by concerned Staff)**

I certify that I have seen the above assessments and that the Reporting Officer has discussed them with me. I have the following comments.

.....



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.....  
Date & Signature:.....  
Job Title:..... CONUNASS .....

**PART THREE:**

**(To be completed by Reporting Officer)**

**13.** Mr/Mrs/Miss:.....  
Has served under me for the past.....years and .....months

**14. PROMOTABILITY**

(i) Promotion grading (tick which box is applicable)

**Assessment/Promotion**

- a. **Substantive CONUNASS**; he/she has reached the bar of his/her cadre)
- b. **Recommended**  
Performing well in his/her current job
- c. **Not Recommended**  
(Yet to develop or gain more Experience:

Give reasons for the recommendation made:

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

**PART FOUR**

**(TO BE COMPLETED BY REPORTING OFFICER)**

**15. ASSESSMENT OF PERFORMANCE:**

Do you and the concerned Staff agree on the duties performed and the order or importance? (if not, please discuss the changes with him/her and record any unresolved difference here)



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**Declaration**

**16.** I, .....hereby declare that the above report has been with due regard to my conscience.

Date/Signature of Reporting Officer.....

Name in Block letters:.....

Designation :.....

**PART FIVE**

**17. Comments and Signature of Head of Department:**

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

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

**PART SIX**

**FOR OFFICIAL USE ONLY**

**18. COMMENTS AND SIGNATURE OF THE REPRESENTATIVE OF THE ESTABLISHMENTS.**

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