



UNIVERSITY OF MINES AND TECHNOLOGY TARKWA

HUMAN RESOURCE UNIT

PERFORMANCE APPRAISAL REPORT ON STAFF (CONFIRMATION OF APPOINTMENT)

PART I: PERSONAL PARTICULARS (Applicant to provide information)

Surname: Other Name(s):

Qualification: Date:

Date of Appointment: Staff ID:

Date of Assumption:

Present schedule of work:

.....

.....

.....

Additional responsibilities (if any):

.....

PART II: HEAD OF DEPARTMENT /SECTION/UNIT'S REPORT

(To be completed by Head/Appraiser)

Has the staff always been at post since he/she assumed duty? **Yes** **No**

If No, how long has he/she been absent from duty Days.

Was he/she granted permission? **Yes** **No**

NB: Give your assessment of the staff by ticking in the appropriate box

(A) Job Knowledge

	Very Good	Good	Satisfactory	Poor
Ability to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work under pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(B) Relationships

Attitude towards supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards subordinates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to inspire/motivate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-operation and reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(C) Personal Qualities

	Very Good	Good	Satisfactory	Poor
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality and reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regularity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with visitors/students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grooming standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards work, enthusiasm and Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(D) Responsibility

Initiative and self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to perform other duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall performance of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Identify major strengths and weaknesses

Strengths:.....
.....

Weaknesses:
.....

Any special development and training needs to overcome
weaknesses:
.....
.....

Appraiser's overall
comments:
.....
.....

Do you recommend the staff for confirmation? **Yes** **No**

If No, give reasons:
.....

NAME OF HOD/HOS/HOU:

RANK OF HOD/HOS/HOU:

SIGNATURE OF HOD/HOS/HOU: **DATE:**

COMMENTS BY STAFF:
.....
.....

SIGNATURE OF STAFF: **DATE:**

(Completed forms should be submitted to the Registrar for further action)