



# UNIVERSITY OF MINES AND TECHNOLOGY TARKWA

## PERFORMANCE APPRAISAL REPORT ON STAFF (CONFIRMATION OF APPOINTMENT)

### **PART I: PERSONAL PARTICULARS** (Applicant to provide information)

Surname: ..... Other Name(s): .....

Qualification: ..... Date: .....

Date of Birth: .....

Date of Appointment: ..... Staff ID: .....

Date of Assumption: .....

Present schedule of work: .....

.....

.....

.....

Additional responsibilities (if any): .....

.....

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

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

	<b>Very Good</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>
Conduct and general behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turnout/ Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards superiors	<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"/>
Sense of responsibility	<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"/>
Punctuality and reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and self confidence	<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"/>
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"/>

General attitude to work

Remarks: .....  
.....

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:** .....