

**OLABISI ONABANJO UNIVERSITY
TEACHING HOSPITAL,
SAGAMU**



**.....PROGRESS EVALUATION REPORT
(1/2 YEARLY)**

(INDICATE WHETHER 1ST, 2ND, 3RD OR 4TH)

FOR THE PERIOD OF20 TO.....20

DEPARTMENT: UNIT.....

NAME: DR./MR./MRS./MISS.....
SURNAME

.....
FIRST NAME MIDDLE NAME

DESIGNATION:.....

This report should be completed in duplicate and the original must be submitted to the Human Resource Department not later than a month after the report is due.

PART I

PERSONAL RECORD OF SERVICE

(To be completed by the officer being reported upon)

Please complete this form carefully. Any improper completion, wrong or inaccurate information may disqualify you from being considered for confirmation of appointment, promotion and may lead to disciplinary action.

1. Full Name of Officer: Dr/Mr./Mrs./Miss.....

Surname (Other names)

*Delete whichever is not applicable

2. Department:.....

3. Section/Unit:.....

4. Date of Birth:.....

5. Qualification(s):.....

6. Present Substantive Post and Date of Appointment:.....

7. Date of Next Increment:.....

8. Leave Records:

Total Number of days on leave during the period covered by the Report

		From	To	No. of days
A.	(i) Hospitalization			
	(ii) Sick Leave			
B.	Maternity Leave			
C.	(i) Annual Leave			
	(ii) Casual/Other Leave			
D.	Number of days spent on Annual/Casual leave			

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

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PART II

(To be completed by the Reporting Officer)

Appraisal

Indicate in the columns provided, your candid assessment of the officer in respect of each of the following parameters:

(1) Job Performance

		Score
(a)	Gets a great deal done within a set time frame	5
(b)	Gets through a lot of work	4
(c)	Output generally satisfactory	3
(d)	Does rather less than expected	2
(e)	Sloppy in performance	1

(2) Work Habits

		Score
(a)	Makes sacrifice all the time to get work done	5
(b)	Makes sacrifice most of the time to get work done	4
(c)	Makes sacrifice some of the time to get work done	3
(d)	Makes sacrifice occasionally to get work done	2
(e)	Unwilling to make sacrifice	1

(3) Sense of Responsibility

		Score
(a)	Maintains very high standard	5
(b)	Maintains a high standard	4
(c)	Work is generally of good quality	3
(d)	Performance is uneven	2
(e)	Maintains consistently low standards at work, source of constant complaint	1

(4) Relationship with Staff and Public

		Score
(a)	Exceptionally effective in dealing with people	5
(b)	Generally tactful and effective in dealing with people	4
(c)	Gets on well with most people	3
(d)	Gets on well occasionally with people	2
(e)	Does not get on well with people	1

(5) Care of Equipment, Materials and Work Areas

		Score
(a)	Excellent	5
(b)	Good	4
(c)	Satisfactory	3
(d)	Needs to improve	2
(e)	Very poor	1

(6) Remarks:.....

(7) For how long has the officer been serving under the Reporting Officer:

.....
 Name and Signature of Reporting Officer

.....
 Date

.....
 Designation

.....
 Grade Level

PART III

(To be completed by the Officer reported upon)

I certify that I have seen the above assessment and that my Supervisor has discussed them with me. I have the following comments to make:

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.....
Name and Signature Date

PART IV

(Comment/Endorsement of the Head of Department/Unit)

1. Head of Unit:.....
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.....

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Name and Signature Date

.....
Designation Grade Level

2. Head of Department:.....
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Name and Signature Date

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Designation Grade Level

(NOTE): The 4th progress evaluation report should contain a recommendation as to whether a probationary officer's appointment should be confirmed or extended.