

**BABCOCK UNIVERSITY**  
**HUMAN RESOURCES DEPARTMENT**  
**STAFF CONTRACT RENEWAL ASSESSMENT FORM**

1. Name of Staff/Applicant \_\_\_\_\_ GSM No. \_\_\_\_\_
2. Division \_\_\_\_\_ Department \_\_\_\_\_ Rank \_\_\_\_\_
3. Qualification(s) with years \_\_\_\_\_
4. Previous Contract years with BU \_\_\_\_\_ Current Contract Period \_\_\_\_\_
5. Period Being Applied for \_\_\_\_\_ Current Position held \_\_\_\_\_
6. Job Description:

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7. Staff Performance Assessment (by the HOD)

S/N	RATE PERFORMANCE	1/Poor	2/Fair	3/Good	4/V.Good	5/Excellent
1.	Punctuality					
2.	Attitude					
3.	Productivity					
4.	Skills					
5.	Team Work					
6.	Appearance					
7.	Dependability					

8. HOD's /Supervisor's Assessment and Remarks: \_\_\_\_\_

Recommended [ ] Not Recommended [ ] GSM No. \_\_\_\_\_ Dept./Stamp \_\_\_\_\_

9. HOD's /Supervisor's Name \_\_\_\_\_ Signature \_\_\_\_\_

10. Apvd by Principal Officer [ ] Not Apvd by Principal Officer [ ] Signature \_\_\_\_\_ Date \_\_\_\_\_

**NB. This form should be attached to the Renewal Request of the Contract Staff**