

AJAYI CROWTHER UNIVERSITY, OYO
ESTABLISHMENTS OFFICE
CONFIRMATION OF APPOINTMENT FORM FOR ACADEMIC STAFF

(A) STAFF DATA:

1. NAME:..... P/F No:.....
2. DEPT/FACULTY:.....DESIGNATION.....
3. DATE/GRADE ON ASSUMPTION OF DUTY.....
4. GRADE/DATE OF PRESENT APPOINTMENT:.....
(if different from item No.3 above)
5. DETAILS OF WORK DONE SINCE APPOINTMENT:.....
(Please use extra sheet to supply the information)

.....
Signature **Date**

(B) GUIDELINES FOR CONFIRMATION OF APPOINTMENT:

- (a) The recommendation of the Head of Department shall be based on the following:
 - (i) Satisfactory Performance on the job
 - (ii) Total Score of the Annual Performance Evaluation Report for the last three (3) years
- (b) All Appointments subject to Confirmation shall **LAPSE** unless confirmed
- (c) The Appointment and Promotions Committee may grant an extension but where an extension is granted, it shall not exceed **ONE YEAR** after which the appointment shall be **DETERMINED**.

(C) RECOMMENDATION OF HEAD OF DEPARTMENT/UNIT:

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(D) COMMENT BY STAFF

I agree/disagree with the recommendation of my Head of Department/Unit. I have these additional comments. *(Extra Sheets may be used if space provided is not enough)*

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.....
Signature of Staff **Date**

	Name		Sign/Date
(E) APER SCORE:	(I)	/	=
	(II)	/	=
	(III)	/	=
	AVERAGE SCORE: =		

(F) RECOMMENDATION OF FACULTY REVIEW PANEL

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Chairman's name **Sign/Date**