

AJAYI CROWTHER UNIVERSITY, OYO
ESTABLISHMENTS OFFICE
CONFIRMATION OF APPOINTMENT FORM
NON-TEACHING STAFF

(A) STAFF DATA:

1. NAME:.....P/F No:.....
2. DEPT:.....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 (**APER FORM**) for the last three (3) years
- (b) All Appointments subject to Confirmation shall **LAPSE** unless confirmed
- (c) The Appointment and Promotions (Non-Teaching) 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 THE HEAD OF DEPARTMENT/UNIT:

.....
 Name Sign/Date

(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)*

.....
 Signature of Staff Date
 Name of the Reporting Officer Sign/Date

(FOR OFFICIAL USE – ESTABLISHMENT OFFICE)

APER SCORE: (I) / =
 (II) / =
 (III) / =
AVERAGE SCORE: =

(E) RECOMMENDATION OF NON-TEACHING STAFF DEPARTMENTAL REVIEW PANEL

.....
 Chairman's name Sign/Date