



# ALEX EKWUEME FEDERAL UNIVERSITY, NDUFU-ALIKE

P.M.B. 1010, ABAKALIKI, EBONYI STATE.

## CONFIRMATION OF APPOINTMENT FORM

### **PART A: (To Be Completed By Staff Due For Confirmation)**

1. Name of Staff (Full Names): .....
2. Department/Unit: .....
3. Faculty: .....
4. Post on Appointment: .....
5. Date Assumed Duty: .....
6. Date Due for Confirmation: .....
7. Brief Description of Duties: .....
8. Qualification(s)
  - (a) On Assumption of Duty: .....

Certificate/Degree

Awarding Institution/Body

Date

- i.
- ii.
- iii.
- iv.

#### **(b) Additional Qualification(s) obtained since Assumption of Duty**

Certification/Degree

Awarding Institution/Body

Date

- i.
- ii.
- iii.

### **9. Declaration:**

I declare that the above information is to the best of my knowledge, correct and true.

Name of Staff: .....

Date: .....

**PART B:**

**(To Be Completed by the Head of Department)**

1. Is the staff qualified for confirmation?

**Yes/No**

If No, please give details: .....

.....

.....

2. For how long has this staff worked with you? .....

3. Please comment fully on his/her ability, output/productivity, proficiency, suitability for the current post or any other post, prospects for advancement and inter-personal relationship:

.....

.....

.....

4. (For Academic Staff Only)

i. Teaching Ability: .....

.....

ii. Research/Work Interest: .....

iii. Would you like to have this staff member as an academic colleague?

.....

5. Recommendation by immediate Head of Department/Unit or Superior:

I recommend/do not recommend this staff for Confirmation of Appointment:

Reason for Recommendation: .....

.....

.....

Name of Head of Department/Unit/Supervisor:

.....

Signature: .....

Date: .....

**PART C:**

**(Recommendation of Principal Officer/Dean/Director)**

1. I approve/do not approve of the recommendation of the Head of .....  
..... in regard to the confirmation of  
.....

Signature: .....

Name: .....

Date: .....

**PART D:**

**(For Office Use Only)**

- i. Certificate(s) and service period claimed by staff agree with official records.

Name: .....

Signature: .....

Date: .....

- ii. Recommendation of University Appraisal Committee:

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Signature of Chairman: .....

Date: .....

Approval/Recommendation of Appointment and Promotions Committee:

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Signature of Chairman: .....

Date: .....