**UNIVERSITY OF SIERRA LEONE**

**REQUEST FORM FOR ACADEMIC STAFF EXTENTION OF SERVICE BEYONE THE AGE OF RETIREMENT**

**SECTION A – TO BE COMPLETED BY THE STAFF**

1. NAME……………………………………………………………………………………………………………………………………………….
2. QUALIFICATION(S) including institutions of full-time study and date

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1. DESIGNATION/POSITION………………………………………………………………………………………………………………………
2. DEPARTMENT/COLLEGE………………………………………………………………………………………………………………………
3. DATE OF CURRENT APPOINTMENT AND POSITION ……………………………………………………………………………………………………………………………………………………………
4. REPORT FOR THE PERIOD 1ST OCTOBER 20TH …………… TO 30TH SEPTEMBER 20……………….
5. KEY ACHIEVEMENT OVER THE LAST 12 MONTHS

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1. PLANS FOR THE NEXT 12 MONTHS INCLUDING PROPOSED CONTIBUTION TO SCHOLASHIP

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**SECTION B- TO BE COMPLETED BY THE HEAD OF DEPARTMENT**

1. Do you confirm as far as your knowledge allows the accuracy of the information given above?
2. Please circle the appropriate number to indicate your assessment of the competence of the staff member in terms of the parameters listed below, as indicated (1-Excellent, 2 – Very Good, 3- Good 4-Fair/Satisfactory, 5- unsatisfactory)

Scale

1 2 3 4 5

1. Teaching
2. Administrative
3. Research Activities
4. Cooperation with respect to the functioning of the

Department

1. Work Schedule

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1. Staff Profile

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1. Justification for appointment beyond the age of retirement

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NAME……………………………………………………………………………..

SIGNATURE……………………………………………………………………..

DATE………………………………………………………………………………..

1. NAME………………………………………………………………………………………………………………………………………………………………….
2. QUALIFICATION(S) including institutions of full-time study and dates…………………………………………………………………

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1. Designation/position………………………………………………………………………………………………………………………………………….
2. DEPARTMENT/COLLEGE……………………………………………………………………………………………………………………………………..
3. DATE OF CURRENT APPOINTMENT AND POSITION…………………………………………………………………………………………….
4. REPORT FOR THE PERIOD 1ST OCTOBER 20TH …………… TO 30TH SEPTEMBER 20……………….
5. KEY ACHIEVEMENT OVER THE LAST 12 MONTHS

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1. **PLANS FOR THE NEXT 12 MONTHS INCLUDING PROPOSED CONTIBUTION TO SCHOLASHIP**

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**SECTION B- TO BE COMPLETED BY THE HEAD OF DEPARTMENT**

1. Do you confirm so far as your knowledge allows the accuracy of the information given above?
2. Please circle the appropriate number to indicate your assessment of the competence of the staff member in terms of the parameters listed below, as indicated (1-Excellent, 2 – Very Good, 3- Good 4-Fair/Satisfactory, 5- unsatisfactory)

Scale

1 2 3 4 5

1. Teaching
2. Administrative
3. Research Activities
4. Cooperation with respect to the functioning of the

Department

1. **Work Schedule**

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1. **Staff Profile**

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1. **Justification for appointment beyond the age of retirement**

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NAME……………………………………………………………………………..

SIGNATURE……………………………………………………………………..

DATE………………………………………………………………………………..

**SECTION E- UNIVERSITY REGISTRAR’S COMMENTS**

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SIGNATURE………………………………………………………………

DATE……………………………………………………………………………

**SECTION F – VICE – CHANCELLOR’S & PRINCIPAL’S COMMENTS**

SIGNATURE………………………………………………………………….

DATE…………………………………………………………………………….

**SECTION G – APPOINTMENTS COMMITTEE’S DECISION**

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