

UGANDA CHRISTIAN UNIVERSITY

DIRECTORATE OF HUMAN RESOURCE & ADMINISTRATION

CONTRACT RENEWAL/CONFIRMATION INTO UNIVERSITY SERVICE RECOMMENDATION FORM

Please complete for all renewals of contracts or confirmation of appointment into University service.

(a) For academic & administrative staff, the job holder should ensure that a completed form reaches the Directorate of Human Resource & Administration at least **fourteen (14) weeks before** the contract expires for all renewals and confirmations.

(b) For support staff & group employees, the job holder should ensure that a completed form reaches the Directorate of Human Resource & Administration at least **eight (8) weeks** before the contract expires for all renewals and confirmations.

Guidance:

Section A: To be completed by the Job Holder

Section B: To be completed by the Supervisor

Section C: To be completed by Faculty Dean/Head of Department

Section D: To be completed by the Job Holder and the immediate supervisor

Section E: To be completed by the Director Human Resource & Administration

Section F: To be completed by line Deputy Vice Chancellor / Vice Chancellor

Section G: To be completed by the Directorate of Human Resource & Administration

SECTION A: TO BE COMPLETED BY THE JOB HOLDER

1. JOB HOLDER'S INFORMATION

Please provide the following details:-

Employee Name _____ ID No _____

Name of the Supervisor _____

Department/Faculty _____ Designation _____

Contract/Probation Expiration Date _____

2. JOB HOLDER'S SELF-EVALUATION

2. a. State your contribution to the University during your current contract.	2. b. State what your contribution shall be if your soon expiring contract is renewed or you are confirmed into service.

Name of Employee: ID No.

Job Holder's Signature: _____ Date: _____

3. JOB HOLDER'S REQUEST

Please select one of the following options:-

- Renew my contract
- Confirm me into service
- Do not renew my contract
- Do not confirm me into service

Names in full: _____

Signature: _____ Date: _____

SECTION B: TO BE COMPLETED BY THE SUPERVISOR

4. A. SUPERVISOR'S ASSESSMENT

1. Do you agree with the job holder's claim in 2.a & 2.b? (Indicate your response below).

a. Yes	b. No Give reasons as to why you do not agree with the job holder's claim in 2.a & 2.b

c. State the job holder's contribution to the University during their current contract.	d. State what their contribution shall be if their soon expiring contract is renewed or they are confirmed into service.

Supervisor's Signature: _____ Date: _____

2. Please rate the job holder on the following items using the key below:-

KEY

- A** Consistently excellent / Outstanding level of competence/performance
- B+** Very good level of competence/performance
- B** Good level of competence/performance with some strength
- C+** Required level of competence/performance with some strength
- C** Minimum / basic acceptable level of competence/performance
- D** Level of competence/performance which requires development/review
- E** Level of competence/performance which is unsatisfactory

ITEM	RATING (A-E)	EVIDENCE / JUSTIFICATION OF RATING
1. Adherence to University's Staff Code of Conduct and Instruments of Identity		
2. Attendance and time management		
3. Quality and timely completion of duties		
4. Competence and skill set to efficiently carry out requirements of the job		
5. Ability to work well with others		

Name of Employee: ID No.

- 4. Do not renew contract
- 5. Do not confirm into service

Please state your reasons in the case of Recommendation 3, 4 or 5:-

Name _____ Signature _____ Date _____

SECTION C: TO BE FILLED BY FACULTY DEAN/HEAD OF DEPARTMENT
(You may omit this section if you are the jobholder's immediate supervisor)

Please select one of the following options:-

- 1. Renew contract
- 2. Confirm into service
- 3. Extend probationary period
- 4. Do not renew contract
- 5. Do not confirm into service

Please state your reasons in the case of Recommendation 3, 4 or 5:-

Name _____ Signature _____ Date _____

SECTION D: TO BE FILLED BY THE JOB HOLDER AND THE SUPERVISOR

Supervisor: I have had a dialogue/conversation with the job holder.

Signature.....Date.....

Job holder: I agree/disagree with my supervisor's assessment and final recommendation.

Signature.....Date.....

SECTION E: DIRECTORATE OF HUMAN RESOURCE AND ADMINISTRATION

Any other relevant information that needs to be considered before the Line Deputy Vice Chancellor / Vice Chancellor can conclude on the way forward:

Name.....Signature.....Date.....
Director of Human Resource & Administration

SECTION F: TO BE FILLED BY LINE DEPUTY VICE CHANCELLOR / VICE CHANCELLOR

Please select one of the following options:-

- 1. Renew contract
- 2. Confirm into service
- 3. Extend probationary period
- 4. Do not renew contract
- 5. Do not confirm into service

Please state your reasons in the case of Recommendation 3, 4 or 5:-

Name _____ Signature _____ Date _____

SECTION G: INTERNAL USE – DIRECTORATE OF HUMAN RESOURCE AND ADMINISTRATION

Date Received _____

Action to be taken:-

- Renew contract Confirm into service Extend probationary period
- Do not renew contract Do not confirm into service
- Other _____

Signature: _____ Date: _____
Director of Human Resource & Administration