

HONG KONG BAPTIST UNIVERSITY
Human Resources Office

STRICTLY CONFIDENTIAL

HRO/REW/F12

Recommendation for Appointment Review for Non-teaching Staff

- Notes:** 1. Please fill in all parts of this form and attach annual performance reports of the staff member under consideration.
2. The information provided hereunder will be used for processing the case under review and be presented to Panel members in appropriate meetings for their consideration and deliberation.
3. The completed form will be filed, on completion of the exercise, with the staff's personal file throughout his/her entire service at the University. In compliance with the Personal Data (Privacy) Ordinance, the contents of this form may need to be disclosed to the staff concerned upon request.
4. For access to or correction of data after submission of this form, please contact the Officer-in-charge of Personal Data in the Human Resources Office.

A. Personal Data

Name: _____ Office/Department: _____

Post Title: _____ (Band: _____) Date of Appointment to current position: _____

B. Record of Evaluation

1. Overall evaluation of personal work attitude, attributes and behaviour

2. Overall evaluation of meeting required core competencies for the job

3. Overall evaluation of service quality

4. Highlights of particular strengths and/or achievements

5. Areas of further improvements

6. Performance Ratings (if any):

Year	Overall Rating

C. Recommendation

Name of Staff Under Review: _____ Staff ID No.: _____ Dept/Off.: _____

please tick the appropriate box(es)

- ☐ To offer reappointment / continuous contract appointment from _____ to _____ ;
 Salary recommended: _____
 Cash Allowance (for Band G or above only) _____
☐ fixed for the entire contract period
☐ follow Annual Performance Review (APR) policy
- ☐ Completion of compulsory compliance training (for re-appointment)
- ☐ Not to offer reappointment upon expiry of current contract

Source(s) of Funding:

- ☐ UGC Fund _____
- ☐ Earmarked Grants _____
- ☐ Private Fund _____
- ☐ Others _____

A/C No. (if available) _____

(Head of Office / Dean of Faculty/School)_____
Date

D. Endorsed by:

(Supervising Provost/Vice-President/
Associate Vice-President)

Date

E. Approved by:

☐ **Approved**

☐ **Disapproved**

(with comments, if any)

Ms. Christine Chow
Vice-President (Administration) and Secretary

Date

Prof. Alexander Wai
President and Vice-Chancellor

Date