FORM A UNIVERSITY OF CAPE COAST STAFF SELF-APPRAISAL FORM

Senior Member

Name of Employee:	Staff No.:			
MR. ISAAC ARMAH MENSAH	10775			
Employee's Designation/Rank:	Employee's Departmer	nt·		
ASSISTANT LECTURER	DEPARTMENT OF COMPUTE	R SCIENCE AND INFORMATION TECH		
SUPERVISOR'S DETAILS:				
Supervisor's Name: *	Supervisor's Designation/Rank: *	Year Under Review: *		
DR. GEORGE KWAMINA AGGREY	SENIOR LECTURER	2021		
PROFESSIONAL INFORMATION:				
List your most significant accomplishm	nents this past year: *			
mana no lai				
List any barriers or challenges that you	u have: *			
momomo yesu mo				
How has this barrier(s)/challenge(s) he	elped you to accomplish your goals: *			
k3k3 kwa				
Please list your area(s) of strength and	d area(s) of improvement: *			
awoo awoyaa				
What skills or new knowledge would y	ou like to develop to improve your perforn	nance?: *		
know one nose tomorrow so live to say as if its t	he last day, love each other as god loved us meet each	n other with kisses jar bless		
	uld like to share with your supervisor regar			
dmamkdma dka dk as dj kj lkdsnjfnsjnfjnf sjfn flk	kdj fjs d fl f s fsdjf j dsjf lsa djfjnfjnjnc ewh ewc ernv n v	rtrvrvfvcd fdverxxscxzxwx csxcwxwecece		
FINALIZATION:				
Supervisor's Name: *	Employee Name			
DR. GEORGE KWAMINA AGGREY	MR. ISAAC ARMAH I	MENSAH		
✓ Supervisor Signed	✓ Employee Sign	ned		

PERSONAL DETAILS: