

THE OPEN UNIVERSITY OF TANZANIA

ACADEMIC STAFF WEEKLY REPORT FORM

From _____ To _____

Faculty: _____

Department: _____

Full Name of Staff: _____ Staff Number: _____

Academic Rank: _____

Administrative Position: _____

Working Station: _____

Academic Work Load:

| <i>No</i> | <i>ITEM</i> | <i>Total Hours Spent</i> | <i>Remarks</i> |
|-----------|---|--------------------------|----------------|
| 1 | *Setting of Assignments, Tests, Exams | | |
| 2 | *Marking of Assignments, Tests, Exams | | |
| 3 | Invigilation of Tests, Exams | | |
| 4 | Supervision of Research, Dissertations, etc | | |
| 5 | Research and Publication | | |
| 6 | Consultancy | | |
| 7 | Conferences/Seminars/Workshops/meetings | | |
| 8 | Tutoring/teaching/face to face | | |
| 9 | Self Study | | |
| 10 | Supervision of Field Training/TP | | |

* Specify the courses in the remarks column

Administrative Work Load:

| <i>No</i> | <i>Item</i> | <i>Hours Spent</i> | <i>Remarks</i> |
|-----------|------------------------|--------------------|----------------|
| 1 | General Administration | | |
| 2 | Meetings | | |

Any Other Duties (Specify): _____

I certify that the information provided above is correct.

Signed _____ Date _____

NOTE: Every Academic staff must fill this form weekly. Staff failing to do so may get sanctions from the HRMC.

ASSESSMENT:

Weekly Comments by the Head of Department/DRC:

The performance of the staff was

(a) Very Good [] (b) Satisfactory [] (c) Not Satisfactory []

Give reasons, if performance was not satisfactory:

Name: _____

Position: _____

Signed: _____ Date _____

Monthly Comments by the Dean/Director

Comments on the Assessment of HoD/DRC:

Name: _____

Position: _____

Signed: _____ Date _____

Quarterly Comment by DVC (Academic)

Signed: _____ Date _____

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