**ANNUAL PERSONNEL COMMITTEE REPORT**

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| Institution**Najran University**  |
| College  |
| **Year and semester to which this report applies** |
| **Location (if not on main campus) (M/F)** |

1. **Summary of personnel collection data**

|  |  |  |
| --- | --- | --- |
| * Number of Demonstrators
 | ………  | (…….%)(a) |
| ………  | (…….%)(b) |
| ………  | (…….%)(c) |
| * Number of Lecturers
 | ………  | (…….%)(a) |
| ………  | (…….%)(b) |
| ………  | (…….%)(c) |
| * Number of Assistant Professors
 | ………  | (…….%)(a) |
| ………  | (…….%)(b) |
| ………  | (…….%)(c) |
| * Number of Associate Professors
 | ………  | (…….%)(a) |
| ………  | (…….%)(b) |
| ………  | (…….%)(c) |
| * Number of Professors
 | ………  | (…….%)(a) |
| ………  | (…….%)(b) |
| ………  | (…….%)(c) |
| * Number of technicians
 | ………  | (…….%)(a) |
| ………  | (…….%)(b) |
| ………  | (…….%)(c) |
| * Number of Administrators
 | ………  | (…….%)(a) |
| ………  | (…….%)(b) |
| ………  | (…….%)(c) |
| * Percentage of faculty members who have left the program in the previous year for reasons other than retirement age.
 | ………  | (…….%)(a) |
| ………  | (…….%)(b) |
| ………  | (…….%)(c) |
| * Satisfaction rate of faculty members from the FMS body and the adequacy of the available budget for the program (attached survey)
 | ………  | (…….%)(a) |
| ………  | (…….%)(b) |
| ………  | (…….%)(c) |
| * Satisfaction ratio of faculty members and administrators for managing climate
 | ………  | (…….%)(a) |
| ………  | (…….%)(b) |
| ………  | (…….%)(c) |
| * Satisfaction ratio of faculty members and administrators from the academic climate
 | ………  | (…….%)(a) |
| ………  | (…….%)(b) |
| ………  | (…….%)(c) |

1. Radiological Sciences Department
2. Clinical Laboratory Department
3. Physiotherapy Department
4. **Proposals on the development of personnel plan**

|  |  |  |
| --- | --- | --- |
| Summary of proposal  | Person responsible  | Implementation period |
|  |  |  |

1. **Summary of website updates**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

1. **Policies and Procedures**

|  |  |
| --- | --- |
| **D.1. Number of available policies** | ………………………. |
| **D.2. Statement of adopted policies only**  | **Policy title**  | **The level of policy activation (High, Medium, low or None)**  |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **D.3. Improvement plan for policies**  | **Statement of policies with low or none level of activation** | **Summary of planning Action**  |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |

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| --- | --- | --- |
| **Report complete by**: | **Signature** | **Date Report Completed** |
|  |  |  |
| **Approval of Measurement and Evaluation Committee by (if required):** | **Signature** | **Date**  |
|  |  |  |
| **Department Council approval No:**  | **Head of Department Council** | **Date** |
|  |  |  |

Note: all above signature are not required if report send by electronic administrative transactions