**ANNUAL PERSONNEL COMMITTEE REPORT**

|  |
| --- |
| 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** |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |

|  |  |  |
| --- | --- | --- |
| **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