

EMPLOYEE PERFORMANCE EVALUATION

Name: _____ Title: _____ CWID: _____

Position Number: _____ Department: _____ 45 Day 90 Day Other _____

Rating is on a scale of 1 to 5 with 1 being the LOWEST and 5 being the HIGHEST Quarter increments may be used.

N/A Not Applicable, 1 = Unsatisfactory, 2 = Below Average, 3 = Satisfactory, 4 = Above Average, 5 = Exceptional

Has the employee completed NEO & Follow up:

YES NO

ATTENDANCE/DEPENDABILITY

Follows Call-in procedure according to FM Leave Guidelines.
Demonstrates good time management.
Demonstrates reliability.

Rating: _____

Comments:

JOB SKILL/KNOWLEDGE/QUALITY

Displays knowledge and understanding of job duties and responsibilities.
Demonstrates skills required for the position.
Trained and understands how to safely use job-related equipment.
Understands and follows job-related processes and procedures.
Completes required work accurately.

Rating: _____

Comments:

QUANTITY OF WORK

Completes work required in a timely manner.
Plans and organizes workload efficiently.

Rating: _____

Comments:

SAFETY

Job duties are carried out in a safe manner.
Work areas are kept neat and tidy.
Reports safety hazards.
Exhibits knowledge of safe and unsafe practices.
Observes safety rules and regulations for the various work areas and conditions.

Rating: _____

Comments:

EMPLOYEE PERFORMANCE EVALUATION

TEAMWORK, PROFESSIONALISM & CUSTOMER SERVICE

Follows all policies and procedural guidelines and instructions in an appropriate, effective manner set forth by OSU & FM.
Contributes to a positive work environment.
Engages in cooperation and collaboration.
Adapts to new methods or tasks in a cooperative manner.
Exhibits a courteous, conscientious, and businesslike manner.

Rating: _____

Comments:

SUPERVISORY

Gives positive reinforcement for job success.
Accountability for poor behaviors and performance.
Demonstrates Leadership qualities.
Encourages cooperation and collaboration within their team.
Assigns work orders/workload to best benefit the customer while completing work safely and promptly.
Communicates effectively with staff/peers.
Leads by example.

Rating: _____

Comments:

AVERAGE TOTAL SCORE

Rating: _____

Shop Accomplishments this period: (REQUIRED)

Shop Goals for next review period: (REQUIRED)

SIGNATURES: I acknowledge that I have seen this report and have been apprised of my evaluation. I understand that I may make a written statement on this form now or within ten working days. If a statement is submitted within ten days, it will be attached to this evaluation report. A Copy of this evaluation will be retained in employee's personnel file and the employee may request a copy at any time during their employment with Facilities Management.

EMPLOYEE: _____ DATE: _____

SUPERVISOR/MANAGER _____ DATE: _____

DIRECTOR: _____ DATE: _____

CHIEF FACILITIES OFFICER: _____ DATE: _____