

# UAF FACILITIES SERVICES

## Employee Performance Review



EMPLOYEE INFORMATION	
Name	Employee ID
Job Title	Date
Department Facilities Services	Supervisor
Review Period	to

RATINGS	NI - Needs Improvement	ME - Meets Expectations	EE - Exceeds Expectations	NA - Not Applicable
<b>Safety</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practices safe work methods.				
<i>Comments</i>				
<b>Job Knowledge</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of how work relates to and affects internal/external areas; handles work problems/irregularities efficiently.				
<i>Comments</i>				
<b>Work Quality/Quantity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistently produces the appropriate quantity of work with a minimum of errors; work is completed timely; work is accurate, thorough and done in a workman like manner.				
<i>Comments</i>				
<b>Attendance/Punctuality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adheres to work schedule; attendance and punctuality do not interfere with department or individual performance.				
<i>Comments</i>				
<b>Initiative</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Starts assignments without prompting; follows up to assure completion and meeting of objectives.				
<i>Comments</i>				
<b>Communication/Listening Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates effectively with supervisors, peers and customers.				
<i>Comments</i>				

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<b>Customer Service</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides quality customer service.				
<i>Comments</i>				

EVALUATION
ADDITIONAL COMMENTS
GOALS <i>(to be discussed between employee and manager)</i>
IMPROVEMENT PLAN <i>(If applicable)</i>

VERIFICATION OF REVIEW	
<i>By signing this form, you confirm that you have discussed this review in detail with your supervisor. (Acknowledging receipt)</i>	
Employee Signature	Date
<input type="checkbox"/> agree <input type="checkbox"/> disagree*	
Supervisor Signature	Date

\*If you disagree, you may prepare a written response within ten (10) days which shall be attached to this evaluation and filed in your personnel file (Bargaining Union Members please refer to current CBA for instructions regarding Administrative Review).

EMPLOYEE COMMENTS: (Use back or attach additional sheet if necessary)