

Comments:

2023 FACILITIES MANAGEMENT EMPLOYEE PERFORMANCE EVALUATION

| Employee Name: | Title: | | | | | | | | | |
|---|------------|------------------|---------|----------|-------|--|--|--|--|--|
| Department: | Reportin | eporting Period: | | | | | | | | |
| When completing the evaluation, the ratings and comments should consider the employee's performance over the past 12 months. Circle the rating that best describes the employee's performance within each functional area. If a standard does not apply, circle "D". A rating of "O" or "N" requires a comment as to the reason for the rating. | | | | | | | | | | |
| O=Outstanding E=Exceeds Standard M=Meets Standard N | =Needs Im | provement | D=Doe | s Not Ap | pply | | | | | |
| JOB KNOWLEDGE and EXECUTION | | | | | | | | | | |
| Uses equipment, tools and/or machinery correctly. | O | E | M | N | D | | | | | |
| Applies trade knowledge correctly and effectively. | O | E | M | N | D | | | | | |
| Determines appropriate steps to accomplish tasks per established procedures and/or practice. | О | Е | M | N | D | | | | | |
| Completes assigned work in a timely manner | O | E | M | N | D | | | | | |
| Accurately completes applicable documentation including work orders, inventory records, and other documents. | ng O | Е | M | N | D | | | | | |
| Offers suggestions for improving operational procedure | s. O | E | M | N | D | | | | | |
| Takes advantage of appropriate training opportunities. | O | E | M | N | D | | | | | |
| Expresses an interest in learning new techniques/skills. | O | E | M | N | D | | | | | |
| (Note in Comments specific skills the employee has an an an interest) | d/or posit | ions in wh | ich the | employe | e has | | | | | |

SAFETY Maintains required safety training. O Е M N D E D M N O Performs work using safety equipment required for the task. Monitors equipment operation and reports malfunctions. N D O E M Maintains a clean and safe work area. O E M N D Е O M N D Practices safe work techniques including using safety equipment. Encourages and assists others to follow safe work habits. O E M N D E M N 0 D Reports any unsafe condition to supervisor. **Comments:**

TEAM WORK and COOPERATION Interacts with others in an ethical and professional manner. Е M N 0 D Maintains cooperative and effective working relationship E O M N D with others. Accepts constructive criticism and instruction cooperatively O E M N D E Handles issues effectively with a problem-solving attitude. N O M D E Attends and participates in training activities. O M N D E M N D O Greets all visitors, students, staff and others in a pleasant and respectful manner. N Has an understanding of own attitudes, beliefs and values O E M D towards people of different cultures.

Comments:

| ACCOUNTA | BILITY | | | | | | |
|------------------------|---|----------|-------|---------|---------|------------|---|
| Reports to to work scl | work on time and completes tasks accorded | rding C |) | E | M | N | D |
| Follows Un | niversity and Facilities Management po | licies. |) | E | M | N | D |
| Comments | s: | | | | | | |
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| | | | | | | | |
| OVERALL R | AATING: | C |) | E | M | N | |
| Supervisor Pr | | | | | Date: | | |
| Dept. Head P | rint and Sign Name: | | | | | Date: | |
| Employee: | I agree with the evaluation | I do not | agree | with th | e evalu | nation | |
| Employee Print | _ | | 0 | | | Date: | |
| Employee Com | ments: | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Human Resource | ces Print/Sign Name: | | | | | Date: | |