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**FACILITIES MANAGEMENT**

**6 MONTH INTRODUCTORY PERFORMANCE EVALUATION FORM**

This completed form will serve as written documentation of the employee's performance to date during the current fiscal year and will become part of the employee's personnel file in the Human Resources Office. It is important that supervisors fairly and accurately, assess and report levels of performance.

**EMPLOYEE'S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_**

**POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RATINGS**

**EXCELLENT Exceptional performance, employee consistently excels at this aspect.**

**VERY GOOD Above average, employee is very good at this portion of work.**

**SATISFACTORY Average, employee meets work expectations.**

**NEEDS IMPROVEMENT Employee needs to make improvement in this area.**

**UNSATISFACTORY Performance does not meet minimal standards; employment will be**

**terminated unless steps are taken to improve.**

**JOB PERFORMANCE FACTORS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **EXCELLENT** | **VERY GOOD** | **SATISFACTORY** | **NEEDS**  **IMPROVEMENT** | **UNSATISFACTORY** |
| **Service:** provides the best possible courteous, prompt, and efficient service to students, faculty, co-workers and the public. |  |  |  |  |  |
| **Quality of work:** takes pride in work that is thorough and accurate, with consistent attention to detail. |  |  |  |  |  |
| **Productivity:** efficiently uses time, accomplishes set business and service goals. |  |  |  |  |  |
| **Attendance:** punctual in arriving to work; appropriate use of sick time |  |  |  |  |  |
| **Initiative:** demonstrates willingness to learn and apply new skills; develops ideas and methods; a self-starter |  |  |  |  |  |
| **Behavioral Competencies:** demonstrates flexibility, adaptability, and a positive attitude. |  |  |  |  |  |
| **Working Relationships:** exhibits positive, support and cooperative rapport with others |  |  |  |  |  |
| **Communication Skills:** demonstrates proficiency at expressing ideas, listening and providing productive suggestions. |  |  |  |  |  |
| **Dependability:** can be counted on to carry through assignments and meet deadlines and goals |  |  |  |  |  |
| **Problem Solving:** exhibits good judgement in handling situations, evaluates alternatives, and takes initiative to resolve problems in a positive and timely manner |  |  |  |  |  |

1. In what areas does this employee demonstrate significant strengths?
2. Improvements in performance may be brought about in the following ways?
3. In those areas this employee was rated as "unsatisfactory", what specific actions or accomplishments must this employee take to continue their employment at Clark?

**NEXT EVALUATION (Check one)**

* **If any category was "unsatisfactory", a follow-up evaluation is required in three months.**

**DATE OF FOLLOW-UP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **If more than one category "needs improvement", a follow-up evaluation is required in six months.**

**DATE OF FOLLOW-UP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Next yearly evaluation period (overall performance is satisfactory or better).**

**SIGNATURE OF EMPLOYEE/SUPERVISOR**

**I certify by my signature that my supervisor has discussed this evaluation with me. I understand that my signature is required, but signing this form is not necessarily an indication that I agree with its contents. (Employees who disagree with this evaluation may submit a statement to Human Resources for inclusion in their personnel file.)**

**Signature of Employee Date**

**Signature of Supervisor Date**

**Director of Facilities Management Signature Date**

**Please return this form to the Human Resources Office within 30 days**