

**PHYSICAL PLANT SERVICE EVALUATION FORM**

Name \_\_\_\_\_ Location \_\_\_\_\_

Position \_\_\_\_\_ Evaluator \_\_\_\_\_

Supervisor \_\_\_\_\_ Manager \_\_\_\_\_

INSTRUCTIONS: Indicate appraisal of employee’s performance by placing an “X” in the appropriate column. Note A.A = Above Average; A = Acceptable; B.A. = Below Average; U= Unacceptable.

**AA    A    BA    U**

<b>QUALITY OF WORK</b> - Extent to which employee produces acceptable or above average work				
<b>ATTENDANCE*</b> Valid absences and tardies maintained within a normal range				
<b>DEAMEANOR</b> - The degree to which the employee’s appearance and personality inspire confidence and cooperation. Employee exhibits a pleasant and cheerful disposition, enthusiasm, sense of humor and pleasing manner with others both within and outside the district.				
<b>PHYSICAL HEALTH/ EMOTIONAL STABILITY</b> - Exhibits evidence of energy and vitality in daily responsibilities. Employee exhibits social adjustments and maintains control of his/her emotions				
<b>INITIATIVE</b> - Can consistently recognize what needs to be done and accomplishes the tasks with or without directions.				
<b>CRITICISM</b> - Accepts positive suggestions willingly. Recognizes strengths and weaknesses.				
<b>WORK SKILLS</b> - Posseses necessary skills and knowledge to perform job assignments.				
<b>SUPERVISOR ABILITY**</b> - Exhibits leadership qualities of planning, directing and organizing assigned staff in a productive and effective manner.				
<b>SECURITY OF FACILITY/EQUIPMENT USE</b> - Maintains security of facilities and equipment so that the optimum use of resources is realized.				
<b>TIME MANAGEMENT</b> - The ability to produce a sufficient amount of work to complete a job in the proper amount of time.				
<b>COMMUNICATION SKILLS</b> - Ability to organize, develop, and verbally express ideas and information.				
<b>INTERPERSONAL RELATIONS</b> - Ability to interact and relate to fellow workers and/or supervisors in a positive manner.				

\* Interim evaluation must be completed when absences exceed 10 working days. \*\* When applicable.

**ABOVE AVERAGE** \_\_\_\_\_

**ACCEPTABLE** \_\_\_\_\_

**BELOW AVERAGE\*\*\*** \_\_\_\_\_

**UNACCEPTABLE\*\*\*** \_\_\_\_\_

\*\*\* FORMAL WRITTEN PLAN FOR CORRECTIVE AND/OR DISCIPLINARY ACTION AS REQUIRED.

EVALUATOR COMMENTS

SUPERVISOR’S/ MANAGER’S COMMENTS

Would you recommend this employee for promotion? \_\_\_\_\_ YES \_\_\_\_\_ NO

We have discussed this performance evaluation with the evaluatee named above.

\_\_\_\_\_ Date

\_\_\_\_\_ Evaluator’s Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Supervisor/Manger’s Signature

I have read the contents of this evaluation report. My signature does not necessarily imply that I agree with its contents.

\_\_\_\_\_ Date

\_\_\_\_\_ Evaluatee’s Signature

EVALUATEE COMMENTS