

**PERFORMANCE FEEDBACK WORKSHEET**

**EMPLOYEE NAME:**

**TYPE OF FEEDBACK:**      60-DAY    90-DAY    MID-YEAR    FOLLOW-UP    OTHER:

**PRIMARY RESPONSIBILITIES**

**COMMENTS:**

- 1.
- 2.
- 3.

**PERFORMANCE FEEDBACK**

NEEDS SIGNIFICANT IMPROVEMENT	NEEDS LITTLE OR NO IMPROVEMENT
★ ★ ★	★ ★

**1. JOB KNOWLEDGE/TECHNICAL SKILLS**

Demonstrates skills/knowledge relevant to position

Performs job requirements

Stays current with job related skills

**2. DELIVERING RESULTS**

Quality of work

Quantity of work

Timeliness of Work

**3. TEAMWORK**

Promotes a positive work environment

Encourages cooperation and collaboration

**4. PROFESSIONALISM**

Exhibits courteous, conscientious and businesslike manner

Seeks knowledge to improve job performance

**5. SERVICE TO OTHERS/CUSTOMER FOCUS**

Creates a positive OSU experience to exceed customer expectations

Remains positive to change

**6. STEWARDSHIP**

Demonstrates effective and efficient use of resources

Ensures equipment/facilities are secure

Works in a safe manner

**7. DEPENDABILITY/SELF-MANAGEMENT/RELIABILITY**

Demonstrates punctuality

Can be depended upon

**8. SUPERVISORY**

Selects qualified workers

Ensures proper training for staff

Provides guidance on policies and procedures

Gives positive reinforcement for job success and accountability for poor behaviors and performance

Communicates with staff

Employee Comments (optional):

**ACCOMPLISHMENTS:**

Review progress toward goals and staff development achievements established for this evaluation period. Be sure to include any additional goals established during the course of the rating period. Discuss not only strengths and/or significant accomplishments but also difficulties and recommended actions.

Ensure the employee has or will have completed the following required training, if applicable, for the annual performance review period:

- **Title VII and Title IX**-Federal laws prohibiting discrimination and sexual harassment
- **Quarterly Safety Training**-Oklahoma law requiring safety training in safety and/or health bearing on the nature or extent of workplace hazards to which he/she may be exposed
- **Minors on Campus**-University policy to address the University community's obligations in protecting youth who participate in activities and programs on University property
- **Customer Service**-any topic relating to improving quality service necessary to create a positive OSU Facilities Management experience that exceeds the expectations of customers

**GOALS:**

Supervisor and employee discussion of future goals/objectives is essential. List specific position goals/objectives and staff development opportunities to work toward during the next evaluation period. Include time frames, criteria for completion, and planned supervisor actions to assist. Your supervisor must approve future goals/objectives.

**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.

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Supervisor's last appraisal training: \_\_\_\_\_

Director/Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Director & Chief Facilities Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Employee must receive a signed copy of this evaluation within 30 days or upon request. The staff member's signature certifies that he/she has seen the overall review being submitted to the personnel record.