PERFORMANCE APPRAISAL FOR JOB ORDER

**OFDM STAFF**

For \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(Period)

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPLOYMENT/COLLEGE ASSIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instruction: Please put a check (🗸) in the box that corresponds to your rating each item.

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| --- | --- | --- | --- | --- | --- | --- |
| Items on which to be rated | | Unsatisfactory 1 | Fair 2 | Satisfactory  3 | Very Satisfactory 4 | Outstanding  5 |
| 1 | Demonstrate knowledge and understanding of the assigned job |  |  |  |  |  |
| 2 | Amount of work completed |  |  |  |  |  |
| 3 | Completes assigned work efficiently and in an organized manner within an established time frame |  |  |  |  |  |
| 4 | Notifies supervisor of any unsafe conditions |  |  |  |  |  |
| 5 | Safety procedures are followed in the use of maintenance of equipment |  |  |  |  |  |
| 6 | Ability to care for University properties |  |  |  |  |  |
| 7 | Communicates effectively |  |  |  |  |  |
| 8 | Neatness and personal hygiene; Wearing of proper prescribed uniform. |  |  |  |  |  |
| 9 | Courtesy; Salute superiors and University officials |  |  |  |  |  |
| 10 | Seeks out new assignment when finished with own work |  |  |  |  |  |
| 11 | Physically fit and meets energy job requirement |  |  |  |  |  |
| 12 | Punctuality & regularity of attendance |  |  |  |  |  |
| 13 | Works well with supervisor, peers and subordinates |  |  |  |  |  |
| 14 | Shows work ethic, integrity and sensitivity to confidentiality |  |  |  |  |  |
| 15 | Involvement in University activities |  |  |  |  |  |
| **TOTAL** | |  |  |  |  |  |
| **FINAL RATING** | |  | **ADJECTIVAL RATING** | | |  |

NARRATIVE REPORT (By Rating Official)

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I certify that the above performance evaluation is based on the actual accomplishment of the ratee and that I have discussed my evaluation with him/her.

Recommendation: ( ) to be retained ( ) to be replaced

|  |
| --- |
|  |
| Signature of Rater/Date |
|  |
| Signature of Ratee/Date |