



PERFORMANCE REVIEW



EMPLOYEE'S NAME _____ POSITION Maintenance Person

DATE HIRED _____ APPRAISAL PERIOD FROM _____ TO _____

DATE REVIEWED WITH EMPLOYEE _____



This is a bi-weekly report of the work of the above employee during the probationary period. Check carefully below the items which most adequately appraise the employee's services during this period.

A.	Item	Factors	<u>Level of Performance</u>			Comments
			Below	Fully Meets	Exceeds	
1.	Painting	Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Janitorial	Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Carpentry	Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Shop Work	Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Work Requests	Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Equipment Operation	Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Basic Electrical	Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Basic Plumbing	Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Basic Heating	Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Flooring	Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Plaster Repair	Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Ceramic Tile	Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Masonry	Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Item	Factors	Level of Performance			Comments
		Below	Fully Meets	Exceeds	
14. Roofing or Siding	Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Doors and Windows	Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. GENERAL REMARKS, IF ANY:

C. As of this report the above employee is:

1. Performing below expectations
2. Performing adequately
3. Performing very well

D. As of this report:

1. I approve his appointment
2. I do not approve his appointment

E. As of this report employee has been given:

1. Safety standards
2. Personnel policy
3. Union contract
4. ID card
5. Project keys
6. Wet-weather gear
7. Uniforms

F. Standard operating procedures, particularly non-assignment policy and overtime, have been explained. Yes No

G. Personal Observations

ITEM	POOR	GOOD	EXCELLENT
1. Punctuality			
2. Dealing with others			
3. Judgment			
4. Attitude			
5. Initiative			

H. Employee comments (if any)

Foreman's signature

Date

Employee's signature

Date

Supervisor's signature

Date

End of probationary period (90 working days)_____

