



Fiscal Year:

Performance Appraisal – Facilities Employees

Employee:	
Date of Hire:	Job Title:
Supervisor:	Department:

Performance Appraisals are conducted to: measure job performance; improve communication between employees and supervisors; improve the quality of work and increase productivity.

Performance Rating Categories

3	Exceeds Expectations	Consistent high overall performance. Routinely goes beyond what is expected to surpass expectations.
2	Meets Expectations	Proficient in the job function. Fully meets all of performance expectations relevant to the position.
1	Needs Improvement	Fails to perform the job at an acceptable level. Does not meet minimum requirements.

		Exceeds	Meets	Needs Improvement
Job Responsibilities Performs all essential job functions as defined in the position description.				
Comments:				
Results Focused/Quality of Work Completes an acceptable amount of work in an appropriate amount of time without waste. Works efficiently and accurately.				
Comments:				
Teamwork Cooperates and works well with others. Responds positively to supervision and direction. Offers/accepts constructive criticism. Communicates openly with colleagues and supervisors.				
Comments:				
Reliability Consistently arrives ready to work at scheduled start time. Follows through on assignments and delivers a full day's work as assigned.				
Comments:				

	Exceeds	Meets	Needs Improvement
Initiative Interested in learning and taking on additional duties/responsibilities. Does what is necessary without being asked and takes responsibility for independent action. Requires little/infrequent supervision and seeks additional assignments when other tasks are completed.			

Comments:

GOAL #1

Exceeds	Meets	Needs Improvement

Comments:

GOAL #2

Exceeds	Meets	Needs Improvement

Comments:

Safety and Cleanliness of Work Area
Completes all required training (Blood borne Pathogens, Chemical Hygiene, etc).
 Adheres to safety guidelines. Utilizes proper PPE. Operates equipment and machines in a safe manner. Maintains clean and organized work area.

YES

NO

Comments:

Exceeds Expectations	3	2.5	Overall Performance
Meet Expectations	2.4	2.0	
Needs Improvement	1.9 and below		

Comments and required actions:

Employee Comments:

Employee Signature: _____

Date: _____

(Your signature indicates that the appraisal was reviewed and discussed with you.)

Supervisor: _____

Date: _____

Next Level Mgr: _____

Date: _____

Human Resources: _____

Date: _____

Code of Ethics – Policy Acknowledgement

This is to acknowledge that I have been provided with a copy of the Wilkes University Code of Ethics Policy. I attest that I have read and understand said policy and agree to comply with all stated principles and responsibilities.

Employee Signature

Date

Employee Confidentiality Agreement

As a Wilkes University employee, I understand that as part of my job responsibilities, I may have access to confidential, financial, proprietary or personal information regarding faculty, employees, students, applicants, parents, alumni, vendors, suppliers and the University in general.

I hereby affirm that I will not in any way access, use, remove, disclose, copy, release, sell, loan, alter or destroy any confidential information except as required within the scope of my official University job responsibilities. As an employee, I must comply with applicable local, state and federal laws and University policies. I will protect the security of all confidential information.

I understand that I am responsible for my misuse or unauthorized disclosure of confidential information, including the failure to safeguard my passwords or devices. My obligations under this Agreement are effective as of this day and will continue after my employment with Wilkes University ends. I acknowledge that I have received, read and understand Wilkes University’s Confidentiality policy. I am aware that any violation of the Confidentiality policy will result in discipline, up to and including termination of employment and legal action according to the appropriate local, state and federal laws.

Employee Signature

Date

Conflict of Interest – Policy Acknowledgment

I have read and familiarized myself with the University’s Conflict of Interest Policy. I certify that I am not, and have no affiliation with, an existing or anticipated vendor to, or recipient of grants, goods or services from, the University and have no information to report, except (please check the box if you have no information to disclose):

No information to disclose

Employee Signature

Date