Eastern Michigan Univer	TYPE OF REVIEW:						
Performance Review for: Food Service/Maintenance (FM)	Annual Probationary Special						
Employee Name	Department Name	Classification Title	Salary Grade	Period Covered - From: To:			
A. QUALITY OF WORK: (check one)		1					
☐ 1. Always accurate and thorough in adherence to instructions. Makes no errors.							
2. Most of the time the work is of high quality. Makes minimal errors.							
3. Is as accurate as the job requires. Most errors are kept within the department.							
4. The work has to be checked carefully. Doesn't always follow directions.							
5. The work is often inaccurate. Doesn'	5. The work is often inaccurate. Doesn't follow instructions. Errors are embarrassing to department.						
SPECIFIC EXAMPLES FOR ITEM	SPECIFIC EXAMPLES FOR ITEM CHECKED:						
B. QUANTITY OF WORK: (check one)							
1. Consistently exceeds position requirements on a timely basis.							
2. Handles heavy workload consistently within time limits. Often exceeds requirements.							
3. Produced amount of work necessary within time limits of average speed.							
4. With direction, will meet the minimal workload expectation. Slow in doing work.							
5. The output is less than required. Speed in doing work not up to standard.							
SPECIFIC EXAMPLES FOR ITEMS CHECKED:							
C. DEPENDABILITY: (check one)							
1. Completes work of high quality always before due and with limited supervision.							
2. Can be counted upon for an accurate, timely job with minimal supervision most of the time.							
3. Meets the standards for dependability with some supervision.							
4. Work is not complete. Needs reminders about getting things done. Needs extra supervision.							
5. Tends to avoid work responsibility, not dependable.							
SPECIFIC EXAMPLES FOR ITEMS CHECKED:							
D. INITIATIVE: (check one)							
☐ 1. A continual self-starter. Resourceful, creative and follows through without much supervision.							
2. Completes the job before being asked and follows up always with some supervision.							
3. Does what is needed, with supervision. Can be expected to follow through.							
4. Needs encouragement to complete job; only limited follow through.							
5. Lacks interest to do the job. Needs constant supervision.							
SPECIFIC EXAMPLES FOR ITEM CHECKED:							

E. COOPERATION (check one)						
☐ 1. Demonstrates consistently: enthusiasm, loyalty, willi	ngness, integrity and adaptability beyond expectation.					
1. Demonstrates consistently: enthusiasm, loyalty, willingness, integrity and adaptability beyond expectation. 2. Demonstrates high loyalty, willingness to adapt and high integrity.						
3. Performs as a loyal, willing employee with integrity and adaptability.						
☐ 4. Seldom works will with others; sometimes reluctant to assist or carry out assignments.						
5. Limited cooperation. Does not work well with others	S.					
SPECIFIC EXAMPLES FOR ITEM CHECKED: _						
F. ORGANIZATION (check one)						
1. Follows a definite schedule and well-defined work plan. Always makes good use of time.						
2. Well organized; some planning and scheduling; generally makes good use of time.						
3. Organized and makes good use of time as expected.						
4. Limited use of time and organization; no planning or scheduling.						
5. Poor use of time; no organization.						
SPECIFIC EXAMPLES FOR ITEM CHECKED:						
G. WORKING RELATIONSHIPS (check one)						
1. Deals extremely well with people, consistently assists others and has positive attitude.						
2. Works effectively with others; provides some assistance to others.						
☐ 3. Works well with others, has acceptable attitude.						
4. Most of the time works well with others, attitude is p						
5. Has difficulty working with others, has negative attitude.						
SPECIFIC EXAMPLES FOR ITEM CHECKED:						
H. LEADERSHIP RESPONSIBILITY: (If applicable, comment on direction, motivation and training provided employee.)						
I. CAREER DEVELOPMENT PLANS FOR EMPLOYEE: (if applicable)						
	OVERALL EVALUATION					
Normal Universe 1 SUPERIOR 2 E E 5%	XCELLENT 3 GOOD 4 BELOW AVERAC 30% 50% 10%	5%				
SIGNATURES	DATE	EMPLOYEE COMMENTS: Use separate sheet if more space is necessary.				
Evaluator:		Agree Disagree				
Evaluator: (please PRINT legibly)		_ _ -				
Department Head:						
Employee:						
Personnel Office:						
Employee's signature indicates supervisor discussed with e	mployee. It does not necessarily indicate agreement.					