

FACILITIES DIVISION PERFORMANCE LOG

Identification Label	
Employee Name	Evaluation Period
Job Title/Job Code	Supervisor name
Department/Unit	

For each entry, indicate relevant Work Characteristic or Key Job Responsibility:

- | | | |
|----------|---|---------------------------------|
| | WORK CHARACTERISTICS | KEY JOB RESPONSIBILITIES |
| A | Attendance | KJR 1 |
| P | Punctuality | KJR 2 |
| C | Willingness to do what is required | KJR 3 |
| I | Completing Work | KJR 4 |
| R | Cooperativeness/Positive Relationships | KJR 5 |
| | | KJR 6 |

Relates	To	Date	Achievement or Incident
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____