PERFORMANCE APPRAISAL FOR JOB ORDER

**SECURITY GUARDS**

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

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

DEPLOYMENT/OFFICE 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 | Unsatisfactory1 | Fair2 | Satisfactory3 | Very Satisfactory4 | Outstanding5 |
| 1 | Knowledge of relevant laws, rules and regulations required in the assigned job |  |  |  |  |  |
| 2 | Neatness and Personal hygiene; wearing of proper prescribed uniform |  |  |  |  |  |
| 3 | Punctuality and regularity of attendance |  |  |  |  |  |
| 4 | Courtesy; Salute superiors and University officials |  |  |  |  |  |
| 5 | Completes assigned work efficiently and in an organized manner within an established time frame |  |  |  |  |  |
| 6 | Consistently confident and positive even under unusual circumstance or conditions at work |  |  |  |  |  |
| 7 | Maintenance of logs and incident documentation |  |  |  |  |  |
| 8 | Communicates effectively |  |  |  |  |  |
| 9 | Ability to care for university properties |  |  |  |  |  |
| 10 | Exercise roving / night inspection |  |  |  |  |  |
| 11 | Establishes positive relation and works well with supervisors, peers and subordinates |  |  |  |  |  |
| 12 | Seeks out new assignment when finished with own work |  |  |  |  |  |
| 13 | Physically fit and meets energy job requirement |  |  |  |  |  |
| 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 |