



&

AFFILIATED COMPANIES

PLEASE PRINT

Performance Appraisal Leasing Consultant

Employee Name _____ Title _____

Property Name _____ Date ____/____/____

Reason for Review Annual Promotion Unsatisfactory Performance
 End of Probationary Period Other _____

Date employee began present position ____/____/____ Date of last appraisal ____/____/____ Scheduled appraisal date ____/____/____

Instructions: Carefully evaluate employee's work performance in relation to the essential functions of the job. Check Rating box that indicates the employee's performance. Indicate N/A if not applicable.

Definitions of Performance Ratings

O - Outstanding. Performance is exceptional in all areas and is recognizable as being far superior to others.

G - Good. Results clearly exceed most position requirements. Performance is of high quality and is achieved on a consistent basis.

A - Average. Competent and dependable level of performance. Meets performance standards of the job.

U - Unsatisfactory. Results are generally unacceptable and require immediate improvement. No merit increase should be granted to individuals with this rating.

General Factors	Rating	Supportive Details or Comments
1. Quality - The extent to which an employee's work is accurate, thorough and neat.	O <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/>	_____ _____ _____
2. Productivity - The extent to which an employee produces a significant volume of work efficiently in a specified period of time.	O <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/>	_____ _____ _____
3. Job Knowledge Overall - The extent to which an employee possesses the practical/technical knowledge required on the job.	O <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/>	_____ _____ _____
a. Telephone Skills/Etiquette	O <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/>	_____
b. Closing Ratio	O <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/>	_____
c. Follow up on guest cards	O <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/>	_____
d. Resident Relations	O <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/>	_____
e. Communication/Cooperation W/Staff	O <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/>	_____
f. Communication/Cooperation W/Supervisor	O <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/>	_____
g. Preparing lease files/Move-in Packets	O <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/>	_____
h. Adherence to mold + Safety Policies	O <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/>	_____
i. Checks units/common area before showing	O <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/>	_____
j. Organization	O <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/>	_____
k. Proper Dress Attire	O <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/>	_____
l. Works Well W/Co-Workers	O <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/>	_____
m. Willingness to help at other properties	O <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/>	_____

General Factors	Rating	Supportive Details or Comments																
4. Reliability and Task Completion The extent that an employee can be relied upon in completing tasks within the assigned time given a. Absences/Tardiness/On-Time	<table border="0"> <tr> <td>O</td><td>G</td><td>A</td><td>U</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>O</td><td>G</td><td>A</td><td>U</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	O	G	A	U	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O	G	A	U	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <hr/> <hr/>
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5. Initiative - The extent to which an employee proposes ideas, assumes additional duties when necessary and is self disciplined	<table border="0"> <tr> <td>O</td><td>G</td><td>A</td><td>U</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	O	G	A	U	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <hr/> <hr/>								
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6. Judgment/Compliance & Cooperation The extent to which an employee adheres to company policy and demonstrates proper judgment and decision-making skills when necessary.	<table border="0"> <tr> <td>O</td><td>G</td><td>A</td><td>U</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	O	G	A	U	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <hr/> <hr/>								
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7. Please add any additional information that was not included above that might be relevant to employees appraisal	<table border="0"> <tr> <td>O</td><td>G</td><td>A</td><td>U</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	O	G	A	U	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <hr/> <hr/>								
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8. Overall rating	<table border="0"> <tr> <td>O</td><td>G</td><td>A</td><td>U</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	O	G	A	U	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <hr/> <hr/>								
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Complete all of the following sections.

- Accomplishments or new abilities demonstrated since last review _____

- Recommendations for professional development _____

Current Earnings:\$ _____ Hourly Monthly Yearly Approved Increase:\$: _____ Hourly Monthly Yearly

Employee's Comments* _____

*If necessary, additional sheets may be attached.

Appraisal was discussed with individual on _____/_____/_____ Employee's Signature _____ Date / / _____
*I acknowledge that this Performance Appraisal was discussed with me.

Follow-up requested/desired
 Yes No Evaluator's Name _____
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Follow-up Date _____/_____/_____ Evaluator's Signature _____ Date / / _____