

Concierge Performance Review (Form)

Employee: _____

Date: _____

Supervisor: _____

Review Year: _____

Employee is to complete their section of this review and return to their Supervisor. Mark a rating of 1-5 (1 being the worst and 5 being the best) in each column. Then add the numbers together at the bottom for the overall performance score.

Basic Competencies		Employee	Supervisor
1.	Attendance: on time for start & stop of shifts, minimal overtime		
2.	Disciplinary Action: no warnings or clarification memos filed		
3.	Communication: clearly conveys thoughts/ideas and listens		
4.	Team Player: gets along with co-workers and assists as needed		
5.	Risk: follows safety guidelines and local laws/regulations		
6.	Dependability: consistently gets job done and is trustworthy		
7.	Adaptability: adjusts to changes well		
8.	Initiative: self-starter that seeks additional tasks		
9.	Productive: manages time to be productive, not just busy		
10.	Culture: promotes & embodies QUE culture, attends team huddles		

Concierge Competencies		Employee	Supervisor
1.	ILL Closing Ratio: Leases/Tours from ILL, YTD		
2.	Fair Housing: complies with all regulations and has no violations		
3.	Renewals: assists with the renewal process effectively		
4.	Appeal: ensures property is in "showroom" condition at all times		
5.	Sales Skills : Shop reports, overcoming objections, closing skills		
6.	Accuracy: work is precise and does not need to be revised		
7.	Customer Service: resident complaints are rarely escalated		
8.	Organization: files made & maintained in accordance with SOP		
9.	Assistance: completes delegated tasks from Supervisors		
10.	Marketing: ensures marketing is up to date & relevant		
Total Performance Score:			

	Employee	Supervisor
Strengths		
Weaknesses		

	Employee	Supervisor
Improvement/ Development Plan		
Additional Notes		

Suggested Pay Increase	Performance Score	Supervisor Notes on Pay Adjustment
3%	90-100	
2%	75-89	
1%	60-74	
>1%	0-59	

Acknowledgement

Employee

Date

Supervisor

Date

Compensation Change	Date to be Effective: _____
Old Rate: \$ _____	per hr per year
New Rate: \$ _____	per hr per year
_____ Employee Signature <i>(Only Required if Reduction in Pay)</i>	