

# General Manager 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,		
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, holds team huddles		

General Manager Competencies		Employee	Supervisor
1.	Risk Management: mitigates/communicates risk well		
2.	Budget: adheres to budget guidelines and increases NOI		
3.	Problem Solving: presents solutions, not problems & takes action		
4.	Occupancy: meets or exceeds budgeted occupancy		
5.	Meets Deadlines: completes all tasks by designated time		
6.	Accuracy: work is precise and does not need to be revised		
7.	Delinquency: follows rent collection policy to control delinquency		
8.	Resident Retention: renewal ratio, resident appreciation plan		
9.	Customer Service: resident complaints are rarely escalated		
10.	Leadership: builds, leads, & maintains a good team		
<b>Total Performance Score:</b>			

	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

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