



## ***Employee Annual Review Form (Maintenance Personnel)***

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Current Salary: \_\_\_\_\_ Grade Level 5<sup>th</sup>: \_\_\_\_\_

### **Pay Increase Calculation:**

**Total Cost of Living Adjustment:** \_\_\_\_\_

Based upon US Department of Labor, Bureau of Labor Statistics for Phoenix, Mesa, Scottsdale

**Written Warnings:** \_\_\_\_\_

Each Written Warning -5%

**Re-receives:** \_\_\_\_\_

<2 Re-receives	+1%
3-5 Re-receives	0%
6-7 Re-receives	-1%
>7 Re-receives	-4%

**Warranty:** \_\_\_\_\_

0 Warranties	+1%
1-2 Warranties	0%
3-4 Warranties	-1%
5-6 Warranties	-2%
7-9 Warranties	-3%
10 Plus Warranties	-5%

**Attendance:** \_\_\_\_\_

0 Unscheduled or Unpaid Absences	+2%
≤5 Unscheduled or Unpaid Absences	+1%
6-8 Unscheduled or Unpaid Absences	-1%
>8 Unscheduled or Unpaid Absences	-2%



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**5<sup>th</sup> Adjustment:** \_\_\_\_\_

<i>Below 1<sup>st</sup></i>	<i>+2%</i>
<i>1<sup>st</sup> Fifth</i>	<i>+1%</i>
<i>2<sup>nd</sup> Fifth</i>	<i>0%</i>
<i>3<sup>rd</sup> Fifth</i>	<i>-1%</i>
<i>4<sup>th</sup> Fifth</i>	<i>-2%</i>
<i>5<sup>th</sup> Fifth</i>	<i>-3%</i>

### ***Scoring Summary***

**Total Score:**

Cost of Living: \_\_\_\_\_

Written Warnings \_\_\_\_\_

Re-receives \_\_\_\_\_

Warranty: (MX Only) \_\_\_\_\_

Attendance: \_\_\_\_\_

5<sup>th</sup> Adjustment \_\_\_\_\_

Annual Pro-rate by Qtr. \_\_\_\_\_ 25% for each full qtr. employed.

**Total % Annual Increase:** \_\_\_\_\_

**Current Pay Rate:** \_\_\_\_\_

**New Pay Rate:** \_\_\_\_\_



***Employee Annual Review (Maintenance Personnel)  
Growth & Development***

**Employee Strengths:** \_\_\_\_\_  
\_\_\_\_\_

**Areas Requiring Improvement:** \_\_\_\_\_  
\_\_\_\_\_

**Previous Training Evaluation:**

Training Provided: \_\_\_\_\_  
\_\_\_\_\_

Effectiveness: \_\_\_\_\_  
\_\_\_\_\_

**\*Note:** Any training found to be ineffective must generate a corrective action and be scheduled below for recurrent training.

**Future Training Needs Assessment** (*Check mark areas needing training; List CAPA if applicable and describe type of training needed*):

- ☐ Departmental: \_\_\_\_\_  
\_\_\_\_\_
- ☐ QSM: \_\_\_\_\_  
\_\_\_\_\_
- ☐ FAA: \_\_\_\_\_  
\_\_\_\_\_
- ☐ Other: \_\_\_\_\_  
\_\_\_\_\_

**Employee Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Employee Signature*                      *Date*                      *Department Manager*                      *Date*

\_\_\_\_\_  
*Executive Signature*                      *Date*                      *Human Resource Signature*                      *Date*