

Employee Name _____ Property _____

PERMANENT EMPLOYEE CHECKLIST	Complete
EMPLOYEE STATUS CHANGE FORM	
EMPLOYEE EVALUATION	

Prepared and signed off on by _____

Employee Status Change Form

Arkansas Consolidated Payroll Processing

Today's Date:	_____
Property:	_____
Employee Name:	_____
Effective Date of Change:	_____

<input type="checkbox"/>	New Hire-Temporary
Hourly _____ or Salaried _____	
Mgr/Super ____ Office ____ Maintenance ____ Or Other ____ (Specify) _____	
Pay Rate? \$ _____ per _____	
Emergency Contact: _____	

<input type="checkbox"/>	Change to Permanent Employee Status	
I have notified the employee that her/his 90 day probationary period has been satisfied and have explained all applicable benefits.		Employee is interested in: Health: _____ Dental: _____ Vision: _____
Mgr/Supervisor Initials: _____		Preferred Contact Method(s): Email: _____ Phone: _____

<input type="checkbox"/>	Employee Status Change	
Change of Address:		_____
Change in Marital Status: (Please submit updated Social Security Card and Drivers ID with payroll once obtained)		New Last Name? _____
Change in Insurance:		_____
Change in Emergency Contact Info:		_____
Change in Pay Rate:		\$ _____ per _____
Change in Status (PT, FT, Hourly, Salaried, Property Allocation, etc.):		_____

<input type="checkbox"/>	Employee Termination	
Reason for Termination (Insubordination, Resignation, Excessive Absence/Tardy, etc.): _____ _____		
*Please attach any supporting paperwork including any reprimands.		
Last Day Physically Worked:		_____
Did Employee Give Notice?		Yes <input type="checkbox"/> or No <input type="checkbox"/>
Is the Employee Eligible for Rehire?		Yes <input type="checkbox"/> or No <input type="checkbox"/>

Manager: _____ **Area Operations Manager :** _____

Intrepid Management, INC
 Meridian Management Services, LLC
 United Properties Management, INC

8101 Interstate 30 Suite A
 Little Rock, AR 72209
 PH: 501-280-0037 FAX: 501-603-0235

Employee Name: _____ Position: _____

Date of Review: _____ Type of Review: Temporary to Permanent Annual
 Too New to evaluate

Immediate Supervisor: _____

Area Operations Manager: _____

Use the following scale to for each category addressed in this evaluation:

Performance Rating	Rating Definition
O Outstanding	Performance is superior on a consistent basis
E Exceeds Expectations	Performance exceed normal job requirements
M Meets Expectations	Performance meets position requirements
NI Needs Improvement	Performance meets some requirements, expectations
U Unsatisfactory	Performance does not meet position requirements, objectives or expectations
N/A Not Applicable	Criteria not applicable to position

Responsibility	Performance Rating	Comments and Objectives – Employee and Supervisor
	EMP SUP	

<p>Occupancy</p> <ul style="list-style-type: none"> - Maintain an occupancy of 97% or higher - Has clear and concise plans for marketing the property including use of the AFHMP - Makes resident retention a priority when applicable - Completes unit turnover timely and to company standards 			
Overall Rating			

Responsibility

**Performance
Rating
EMP SUP**

Comments and Objectives – Employee and Supervisor

Maintenance <ul style="list-style-type: none">- Maintains property in compliance with HUD/RD/Tax Credit standard of decent, safe and sanitary housing- Monitors the work order process to ensure compliance with company policy- Property appearance and curb appeal is attractive and well maintained. <p style="text-align: center;">Overall Rating</p>			
Time Management/Planning <ul style="list-style-type: none">- Can be counted on to plan and organize task effectively and efficiently to ensure timely completion- Focuses on what is truly important and not just urgent- Act on his/her own and motivates his/her team to delivery desired results <p style="text-align: center;">Overall Rating</p>			

