
Periodic Performance Check-in

Employee Job Title: Maintenance Division Manager

Employee Name: _____

Once per month a meeting with the direct supervisor to discuss performance is required. This should be in person, to go over employee performance in relation to the job description. This performance check in will be used to demonstrate how well the employee is performing the duties in their job description and abiding by the Core Values of The Company. *This form is not used to initiate compensation conversations, but may be referenced when evaluating appropriate pay adjustments.*

Date of meeting: _____

Meeting Supervisor Name: _____

Job Duties

- | | Yes | No |
|---|--------------------------|--------------------------|
| <p>A. Effective communication between support staff, managers, vendors, and clients.
Document 15 emails, 5 to Property Managers, 5 to Vendors, 5 to support staff.</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>B. Ensure all buildings under management are maintained in accordance with habitability requirements and owner requests
Document any habitability concerns with management via email or confirms prior to the scheduled meeting that there are no habitability concerns known at this time. All notes contained within Apfolio.</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>C. All communication recorded per procedure and notes maintained of owner and tenant communication
Document 5 owner and 5 tenant communications initiated by the employee in Apfolio.</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>D. Provides support to support staff and handles escalated customer service issues.
Document 3 customer service issues that were de-escalated/handled by the employee.</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>E. Verifies all work has a valid management and/or vendor agreement on file.
Supervisor reviews 5 jobs started within the review period and verifies that valid management and/or vendor agreements are on file.</p> | <input type="checkbox"/> | <input type="checkbox"/> |

1.02.17
Periodic Performance Check-in

- | | Yes | No |
|---|--------------------------|--------------------------|
| A. Holds two (2) monthly meetings for all supervised.
Provides agenda and/or notes from the employee meetings (excluding safety meetings). | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Ensures funds are collected in advance for all work performed outside of HomePointe Portfolio.
Any outstanding balance should have documented notes and clearance from Company Leadership. | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Ensure all units are inspected on an annual basis or declined by owner.
All annual inspections documented in the client file in Apfolio as scheduled or waived. Supervisor will check 10 properties to verify notes. | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Provides coaching and feedback to maintenance coordinators
All employees with performance issues will have a documented coaching conversation emailed to the Broker Associate and/or HR. | <input type="checkbox"/> | <input type="checkbox"/> |

Core Values

Use this section to indicate if the employee adheres to the Core Values of HomePointe.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Service Orientation | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Safety | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Maximize Return on Investment | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Accountability and Integrity | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Quality | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Rewarding Work Environment | <input type="checkbox"/> | <input type="checkbox"/> |

Initial below that each of the following have been followed this month

- _____ Keys are controlled to company standards
- _____ All messages, actions taken, and detailed schedule are documented
- _____ All company policies have been followed or exceptions documented with supervisor
- _____ There are no known and unreported safety issues

I certify that the information above is accurate and complete

Date