

Employee Performance Review

EMPLOYEE INFORMATION	
Name	Employee ID
Job Title	Date
Department	Manager
Review Period to	

RATINGS				
	1 = Need improvements	2 = Satisfactory	3 = Competent	4 = Excellent
Job Knowledge and Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				
Initiative / Adherence <small>POLICIES & PROCEDURES</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				
Dependability / Safety standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				
Overall Rating <i>(average the rating numbers above)</i>				

EVALUATION <small>(LIST GOALS FROM PREVIOUS PERIOD AND RESULTS ACHIEVED – INCLUDE NEW GOALS, TIMELINE AND OVERALL COMMENTS)</small>
ADDITIONAL COMMENTS
EMPLOYEE COMMENTS/FEEDBACK

VERIFICATION OF REVIEW	
<i>By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.</i>	
Employee Signature	Date
Manager Signature	Date