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Employee Evaluation

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| **Employee Information** |
| **Name** |  | **Employee ID** |  |
| **Job Title** |  | **Date** |  |
| **Department** |  | **Manager** |  |
| **Review Period** |  |

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| **Ratings** |
|  | 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent |
| **Job Knowledge** |  |  |  |  |  |
| *Comments* |  |
| **Work Quality** |  |  |  |  |  |
| *Comments* |  |
| **Attendance/Punctuality** |  |  |  |  |  |
| *Comments* |  |
| **Initiative** |  |  |  |  |  |
| *Comments* |  |
| **Communication/Listening Skills** |  |  |  |  |  |
| *Comments* |  |
| **Dependability** |  |  |  |  |  |
| *Comments* |  |
| ***Overall Rating*** *(average the rating numbers above)* |  |

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| **Evaluation**ADDITIONAL COMMENTS |
| GOALS*(as agreed upon by employee and manager)* |

**Verification of Review**

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.

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| Employee Signature |  | Date |  |
| Manager Signature |  | Date |  |