



### Employee Performance Review

#### Employee Information

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Manager: \_\_\_\_\_  
Review Period: \_\_\_\_\_ to \_\_\_\_\_

#### Ratings

(1) = Poor      (2) = Fair      (3) = Satisfactory      (4) = Good      (5) = Excellent

<b>Job Knowledge</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					
<b>Work Quality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					
<b>Attendance/Punctuality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					
<b>Initiative</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					
<b>Communication/Listening Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					
<b>Dependability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>					

Overall Rating (average the rating numbers above): \_\_\_\_\_

#### 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.*

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Manager Signature*

\_\_\_\_\_  
*Date*