



Employee Information

Employee Name:

Employee ID:

Job Title:

Date:

Manager:

Review Period:

Ratings

(5) = Poor

(4) = Fair

(3) = Satisfactory

(2) = Good

(1) = 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):

Evaluation

Additional Comments:

Goals:

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

