



Employee Performance Evaluation

EMPLOYEE INFORMATION	
Name:	Employee ID:
Department:	Employee Job Title:
Supervisor:	Supervisor Job Title:

RATINGS					
	Poor	Fair	Satisfactory	Good	Excellent
Job Knowledge --Understands duties, responsibilities, has ability to use materials needed, and has the level of proficiency required to accomplish the work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Work Quality --Accuracy, thoroughness, dependability of results.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Attendance --Reports to work as scheduled. Follows established procedures for breaks. Notifies supervisor in advance of scheduling changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Initiative --Ability to be self-directed, efficient, creative, and resourceful. Assumes extra work on own initiative, adapts quickly to new responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Work Attitude and Cooperation --Extent to which employee demonstrates a positive attitude, and promotes cooperation with supervisors, peers and others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Dependability —Extent to which employee can be counted on to carry out instructions and fulfill job responsibilities accurately and efficiently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Overall Rating --					

EVALUATION COMMENTS:

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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:
Supervisor Signature:	Date: