|  |  |
| --- | --- |
|  | ORGANIZATION NAME/LOGO |

# Employee Evaluation

## Employee Information

| Name |  | Employee ID |  | |
| --- | --- | --- | --- | --- |
| Job Title |  | Date | |  |
| Department |  | Manager |  | |
| Review Period |  |  | |  |

## 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) | | |  | | | | |

## 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 |  |