

# Employee Performance Evaluation

Name: _____		Terminal No.: _____		OUTSTANDING	VERY GOOD	GOOD	IMPROVEMENT NEEDED	UNSATISFACTORY	NOT APPLICABLE	
Title: _____		Hire Date: _____								
Employee No.: _____	SSN: _____	Last Review Date: _____								
Reason For Review:	<input type="checkbox"/> Annual <input type="checkbox"/> Merit	<input type="checkbox"/> Promotion <input type="checkbox"/> End of Probation	<input type="checkbox"/> Unsatisfactory Performance <input type="checkbox"/> Other _____							
GENERAL FACTORS			COMMENTS							
JOB KNOWLEDGE: Displays knowledge necessary for successful completion of the job; understand the relationship among the job the organization, the business products and customers										
ACCURACY: Absence of errors.										
JUDGMENT: Capacity to make reasonable decisions.										
INTERPERSONAL SKILLS: Interacts appropriately with customers, suppliers and fellow employees; make effort to seek other's input; and willingly collaborates and cooperates with others in the organization										
CREATIVITY: The extent to which an employee proposes ideas finds new and better ways of doing things										
TEAM CONTRIBUTION: Actively supports the team concept through participation as a team member										
SUITABILITY FOR POSITION: The extent to which an employee demonstrated practical/technical skills and talents that fit the position requirements										
INITIATIVE: Voluntarily starting projects Attempting non-routine jobs and tasks.										
PRODUCTIVITY: The quality and efficiency of work produced in a specified period of time										
RELIABILITY: Dependability and trustworthiness (OR) The extent to which an employee can be relied upon regarding task completion and follow-up										
ATTENDANCE: Punctuality, observes meal periods, and overall attendance record										
ADHERENCE TO POLICY: The extent to which an employee follows safety and conducts rules other regulations and observes good housekeeping practices										

GOAL SETTING: Set and clarify goals with employee.

ACCOMPLISHMENTS: Actual performance observed.

Comment on principal strengths:

Comment on principal weaknesses and suggestions for improvement:

Your recommendation for present and future job classification:

Reviewed By:

Title:

Date:

I agree/disagree with the contents of this evaluation. (Circle One)

I have reviewed this evaluation and I completely understand its contents.

Employee:

Date:

Approved By:

Title:

Date: