

EMPLOYEE PERFORMANCE EVALUATION

Name _____ Date _____

Dept. _____ Job Title _____

Check one: New Employee Termination Other _____

Date of Last Review: _____ **Date Employee Began Present Position:** _____

Next Scheduled Review: _____

See rating information	U	F	S	G	E	Comments
1. Job Understanding: Employee possesses a clear knowledge of the responsibilities and the task he or she must perform.						
2. Job Performance: The neatness, thoroughness and accuracy of employee's work.						
3. Job Productivity: The quality of the employee's work in terms of volume and accomplishments.						
4. Dependability: Can you rely upon this individual in terms of being on time and completion of tasks.						
5. Cooperation: The ability to work willingly with associates, subordinates, supervisors and others.						
6. Overall Rating						

7. General comments as to employee's strengths, weaknesses and action taken to improve job performance:

Supervisor _____

Reviewing Officer _____

Date _____

Date _____

Has this report been discussed with employee?

Yes
 No, if not why? _____
 If yes, note employee's comments:

 Employee's Signature

Date Reviewed with Employee _____

