CONFIDENTIAL

EMPLOYEE PERFORMANCE EVALUATION FORM

The following evaluation shall be utilized for performance appraisals for all employees.

The Evaluator will provide comments and suggestions designed to assist the employee for the purpose of skill, knowledge, and performance improvement.

|  |  |
| --- | --- |
| **Employee Name:**  | **Evaluation Period:**  |
| **Position/Title:**  | **Department:**  |
| **Evaluator's Name:**  |

Employee's last performance evaluation was completed on (Date).

**Purpose of this Employee Evaluation:**

To take a personal inventory, to pin-point weaknesses and strengths and to outline and agree upon a practical improvement program. Periodically conducted, these Evaluations will provide a history of development and progress.

**Instructions:**

Listed below are a number of traits, abilities and characteristics that are important for success in business. Place an "X" mark on each rating scale, over the descriptive phrase which most nearly describes the person being rated. (If this form is being used for self-evaluation, you will be describing yourself.)

## Ratings

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent |
| Job Knowledge | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments |  |
| Quality of Work | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments |  |
| Attendance/Punctuality | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments |  |
| Initiative/Drive | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments |  |
| Communication/Listening Skills | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments |  |
| Dependability | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments |  |
| Overall Evaluation (average the rating numbers above) |  |

**Comments**

Major Weak Points

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major Strong Points

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Rated by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Title)

**(If not used as a self-evaluation form, the employee should sign below)**

A copy of this Report has been given to me and has been discussed with me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Employee's Signature) (Date)