[EMPLOYER NAME]

EMPLOYEE EVALUATION

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| **EMPLOYEE INFORMATION** |

**Employee Name**: [EMPLOYEE NAME] **Date**: [MM/DD/YYYY]

**Job Title**: [JOB TITLE] **Review Period**: [REVIEW PERIOD]

**Department**: [DEPARTMENT]

**Supervisor/Reviewer**: [NAME OF SUPERVISOR/REVIEWER]

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| **EVALUATION** |

**Job Knowledge**: [ ] -1: Poor [ ] -2: Fair [ ] -3: Satisfactory [ ] -4: Good [ ] - 5:Excellent

Comments: [ADDITIONAL COMMENTS REGARDING EMPLOYEE JOB KNOWLEDGE

**Quality of Work**: [ ] -1: Poor [ ] -2: Fair [ ] -3: Satisfactory [ ] -4: Good [ ] - 5:Excellent

Comments: [ADDITIONAL COMMENTS REGARDING EMPLOYEE QUALITY OF WORK

**Productivity**: [ ] -1: Poor [ ] -2: Fair [ ] -3: Satisfactory [ ] -4: Good [ ] - 5:Excellent

Comments: [ADDITIONAL COMMENTS REGARDING EMPLOYEE PRODUCTIVITY

**Punctuality**: [ ] -1: Poor [ ] -2: Fair [ ] -3: Satisfactory [ ] -4: Good [ ] - 5:Excellent

Comments: [ADDITIONAL COMMENTS REGARDING EMPLOYEE PUNCTUALITY

**Communication**: [ ] -1: Poor [ ] -2: Fair [ ] -3: Satisfactory [ ] -4: Good [ ] - 5:Excellent

Comments: [ADDITIONAL COMMENTS REGARDING EMPLOYEE COMMUNICATION

**Dependability**: [ ] -1: Poor [ ] -2: Fair [ ] -3: Satisfactory [ ] -4: Good [ ] - 5:Excellent

Comments: [ADDITIONAL COMMENTS REGARDING EMPLOYEE DEPENDABILITY

**Additional Comments**: [ADDITIONAL SUPERVISOR/MANAGER COMMENTS

**Employee Goals**: [ADDITIONAL EMPLOYEE GOALS

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| **SIGNATURES** |

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**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor/Reviewer Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: \_\_\_\_\_\_\_\_\_