[EMPLOYER NAME]

EMPLOYEE EVALUATION

|  |
| --- |
| **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]

|  |
| --- |
| **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

|  |
| --- |
| **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: \_\_\_\_\_\_\_\_\_