

# EMPLOYEE EVALUATION

## EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

Review Period: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor/Reviewer: \_\_\_\_\_

## EVALUATION

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

Comments: \_\_\_\_\_

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

Comments: \_\_\_\_\_

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

Comments: \_\_\_\_\_

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

Comments: \_\_\_\_\_

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

Comments: \_\_\_\_\_

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

Comments: \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

**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: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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