

EMPLOYEE PERFORMANCE REVIEW

Employee Information

Employee Name: _____ **Date:** _____
Department: _____ **Period of Review:** _____
Reviewer: _____ **Reviewers Title:** _____

| Performance Evaluation | Excellent | Good | Fair | Poor | Comments |
|------------------------|-----------|------|------|------|----------|
| Job Knowledge | | | | | |
| Productivity | | | | | |
| Work Quality | | | | | |
| Technical Skills | | | | | |
| Work Consistency | | | | | |
| Enthusiasm | | | | | |
| Cooperation | | | | | |
| Attitude | | | | | |
| Initiative | | | | | |
| Work Relations | | | | | |
| Creativity | | | | | |
| Punctuality | | | | | |
| Attendance | | | | | |
| Dependability | | | | | |
| Communication Skills | | | | | |
| Overall Rating | | | | | |

Opportunities for Development

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Reviewers Comments

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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 performance evaluation.

Employee Signature **Date**

Reviewers Signature **Date**