**COMPANY NAME**

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

Employee Performance Review

**Employee information**

|  |  |  |
| --- | --- | --- |
| Employee Name: |  | |
| Employee ID: |  | |
| Job Title: |  | |
| Department: |  | |
| Manager: |  | |
| Review period: |  | To: |

**Rating**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Poor** | **Fair** | **Satisfactory** | **Good** | **Excellent** |
| **Job knowledge** |  |  |  |  |  |
| Comment: | | | | | |
| **Work quality** |  |  |  |  |  |
| Comment: | | | | | |
| **Attendance / punctuality** |  |  |  |  |  |
| Comment: | | | | | |
| **Initiative** |  |  |  |  |  |
| Comment: | | | | | |
| **Communication/ listening skill** |  |  |  |  |  |
| Comment: | | | | | |
| **Dependability** |  |  |  |  |  |
| Comment: | | | | | |
| **Over all Rating:** | | | | | |

|  |  |
| --- | --- |
| **Evolution** |  |
| **Additional comment** |  |
| **Goal**  (As agreed upon the employee and manager) |  |

**Verification of review**

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 these evolutions

|  |  |  |
| --- | --- | --- |
| **Employee signature** |  | **Date** |
| **Manager signature** |  | **Date** |