**EMPLOYEE PERFORMANCE REVIEW**

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| --- | --- | --- | --- |
|  **Employee Name** | [Name] |  **Employee ID** | [Id] |
|  **Job Title** | [Title] |  **Date** | [Date] |
|  **Review period** | [Date] |  **Manager** | [Name] |
|  **Department** | [Name] |

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| **Ratings** |
| **Rating** | **1 = Poor** | **2 = Fair** | **3 = Satisfactory** | **4 = Good** | **5 = Excellent** |
| **Job Knowledge** |  |  |  |  |  |
| Comments |  |
| **Work Quality** |  |  |  |  |  |
| Comments |  |
| **Attendance** |  |  |  |  |  |
| Comments |  |
| **Productivity** |  |  |  |  |  |
| Comments |  |
| **Communication** |  |  |  |  |  |
| Comments |  |
| **Dependability** |  |  |  |  |  |
| Comments |  |
| **Overall Rating (average the rating numbers above)** |  |

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| **Evaluation** |
| **Additional Comments** |  |
| **Employee Goals** |  |

**Verification of Review**

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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 evaluation. |
| **Employee Signature** |  | **Date** |  |
| **Manager Signature** |  | **Date** |  |