**EMPLOYEE PERFORMANCE REVIEW**

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |  |