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** | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| **Reviewers Comments** | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |

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**