# Employee Performance Review

#### Employee Information

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

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

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

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