Employee Performance Review

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Name:** | [Employee Name] |  | **Employee ID:** | Period |
| **Job Title** | Job Title |  | **Date** | ID |
| **Department** | [Department] |  | **Manager:** | Date |
| **Review Period** |  |  | **To:** |  |

**Analysis, Rating & Evaluation**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 = Poor | | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent | |
| Job Knowledge |  | |  |  |  |  | |
|  | | | | | | | |
| Work Quality |  | |  |  |  |  | |
|  | | | | | | | |
| Attendance/Punctuality |  | |  |  |  |  | |
|  | | | | | | | |
| Initiative |  | |  |  |  |  | |
|  | | | | | | | |
| Communication/Listening Skills |  | |  |  |  |  | |
|  | | | | | | | |
| Dependability |  | |  |  |  |  | |
|  | | | | | | | |
| Overall Rating |  | |  |  |  |  | |
|  | | | | | | | |
| Additional Comments | |  | | | | |
| Goals (as agreed upon by 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 this evaluation. | | | |
| Employee Signature |  | Date |  |
| Manager Signature |  | Date |  |