Employee Performance Review

Employee Information

Employee Name: Employee ID:

Job Title: Date:

Department:

Manager:

Review Period: **to**

Ratings

	(5) = Poor	(4) = Fair	(3) = Satisfactory	(2) = Good	(1) = Excellent
Job Knowledge	☐	☐	☐	☐	☐
Comments:					
Work Quality	☐	☐	☐	☐	☐
Comments:					
Attendance/Punctuality	☐	☐	☐	☐	☐
Comments:					
Initiative	☐	☐	☐	☐	☐
Comments:					
Communication/Listening Skills	☐	☐	☐	☐	☐
Comments					
Dependability	☐	☐	☐	☐	☐
Comments:					

Overall Rating (average the rating numbers above):

Evaluation

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*