

EMPLOYEE EVALUATION FORM

Name: _____

Dept. _____

Date of Hire: _____

Date of Review _____

Supervisor: _____

Date of Last Review _____

Rating System

1= Unsatisfactory

4= Exceeds expectations

2= Needs Improvement

5= Significantly exceeds expectations

3= Satisfactory

1. Quality of Employee's work _____

Comments: _____

2. Exercise of good judgment _____

Comments: _____

3. Attendance _____

Comments _____

4. Employee involvement/participation in team effort _____

Comments _____

5. Attention to company policies and procedures _____

Comments _____

6. Interpersonal relationships and communication with co-workers _____

Comments _____

7. Taking initiative to achieve goals and complete assignments _____

Comments _____

8. Responsiveness to changing work requirements _____

Comments _____

9. Work ethic _____

Comments _____

10. Overall performance rating _____

Comments _____

Areas of Improvement:

Date: _____

Supervisor's Signature

Employee's Comments:

Date: _____

Employee's Signature