



Company Name

## Employee Performance Review

### Employee Information

Name		Employee ID	
Job Title		Date	
Department		Manager	
Review Period			

### Ratings

	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
<b>Job Knowledge</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Work Quality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Attendance/Punctuality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Initiative</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Communication/Listening Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Dependability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Overall Rating</b> (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	