

COMPANY NAME
Employee Performance Review

YOUR LOGO
HERE

| EMPLOYEE INFORMATION | |
|----------------------|-------------|
| Name | Employee ID |
| Job Title | Date |
| Department | Manager |
| Review Period | To |

| RATINGS | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent |
| Job Knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments | | | | | |
| Work Quality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments | | | | | |
| Attendance/Punctuality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments | | | | | |
| Initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments | | | | | |
| Communication / Listening Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments | | | | | |
| Dependability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments | | | | | |
| Overall Rating (average the rating numbers above) | | | | | |

| EVALUATION |
|--|
| ADDITIONAL COMMENTS |
| GOALS (to agree 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 the evaluation. | |
| Employee Signature | Date |
| Manager Signature | Date |