**ABC Company**

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**EMPLOYEE PERFORMANCE EVALUATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluation Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Ratings

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent |
| Job Knowledge | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments: |  |
| Work Quality | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments: |  |
| Attendance/Punctuality | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments: |  |
| Initiative | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments: |  |
| Communication/Listening Skills | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments: |  |
| Dependability | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments: |  |
| Problem Solving Skills | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments: |  |
| Safety | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments: |  |

## 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 |  |