**EMPLOYEE PERFORMANCE REVIEW**

**Employee Information**

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| **Employee Name:** |  | **Date:** |  |
| **Department:** |  | **Period of Review:** |  |
| **Reviewer:** |  | **Reviewers Title:** |  |

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| **Performance Evaluation Excellent Good Fair Poor Comments** |
| Job Knowledge |  |  |  |  |  |
| Productivity |  |  |  |  |  |
| Work Quality |  |  |  |  |  |
| Technical Skills |  |  |  |  |  |
| Work Consistency |  |  |  |  |  |
| Enthusiasm |  |  |  |  |  |
| Cooperation |  |  |  |  |  |
| Attitude |  |  |  |  |  |
| Initiative |  |  |  |  |  |
| Work Relations |  |  |  |  |  |
| Creativity |  |  |  |  |  |
| Punctuality |  |  |  |  |  |
| Attendance |  |  |  |  |  |
| Dependability |  |  |  |  |  |
| Communication Skills |  |  |  |  |  |
| **Overall Rating** |  |  |  |  |  |

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| **Opportunities for Development** |
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| **Reviewers Comments** |
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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 performance evaluation.

# Employee Signature Reviewers Signature

#

#  Date Date