**EMPLOYEE PERFORMANCE REVIEW**

**Employee Information**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |  |  |  |  |  |

|  |
| --- |
| **Opportunities for Development** |
|  |
|  |
|  |

|  |
| --- |
| **Reviewers Comments** |
|  |
|  |
|  |
|  |

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