| NI C I | D 111 | |
|--|--|------------------------|
| | Position | |
| | How long in present position: Years _ | Months |
| Attendance record | Approved days | Unauthorized days |
| | Approved days Approved days | |
| | Number of days late last y | |
| - | - | Poor |
| Manager: List the most essential jo | b responsibilities in order of priority. (Refe | r to job description.) |
| Quality of work 1—Consistently produces extremely 2—Work is very neat and accurate. 3—Quality of work is good. Makes 4—Produces work that is passable, | · | um supervision. |
| 2—Very good producer. Meets sche3—Volume of work is satisfactory. N4—Requires close supervision in ord | d. Frequently completes jobs ahead of sch edules on all assignments. Does more thar Most assignments are completed on time. der to complete assignments on time. | |
| 5 —Very slow. Seldom completes as Comments: | ssignments in required time. | |
| 2—Has very good knowledge of job3—Understands most job functions4—Shows understanding of job but | . Has complete mastery of duties and carrious functions and performs them well. s. Requires minimum supervision. trequires help and instruction in some phant of job functions to perform duties effective | uses of work. |

Employee evaluation form

| Staff relations 1—Goes out of way to be cooperative and 2—Is willing to provide assistance. Alert to 3—Works well with others and takes direct 4—Usually cooperative. May occasionally h 5—Poor attitude. Unfriendly and uncooper Comments: | ion. Cooperative. nave problems in this area. |
|---|---|
| | |
| List: A. Three essential items that the employee is doing well: | B. Three essential items in need of improvement: |
| Employee action plan On a separate piece of paper, explain what (List what, how, and by when.) Employer action plan On separate piece of paper, explain what to (List what, how, and by when.) | t the employee can do to help himself or herself. he employer can do to help the employee. |
| List team members' comments on the emp | loyee evaluation or any other job-related matter: |
| Interviewer's comments: | |
| Interviewer's signature | Date |
| I acknowledge that the above items have | e been presented and discussed with me. |
| Employee's signature | Date |
| cc: Employee Employee's personnel file | |