



EMPLOYEE PERFORMANCE RATING REVIEW



EMPLOYEE			REVIEWED BY	
Employee ID:			Name:	
Name:			Job Title:	
Job Title:			Department:	
Review Date	From:	To:	Date of Review:	

INSTRUCTION: *Encircle applicable rating per category.*

RATINGS	Poor	Fair	Satisfactory	Good	Excellent
Job Knowledge	1	2	3	4	5
<i>Comments</i>					
Work Quality	1	2	3	4	5
<i>Comments</i>					
Attendance/Punctuality	1	2	3	4	5
<i>Comments</i>					
Initiative	1	2	3	4	5
<i>Comments</i>					
Communications/Listening Skills	1	2	3	4	5
<i>Comments</i>					
Dependability	1	2	3	4	5
<i>Comments</i>					

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	