**EMPLOYEE PERFORMANCE REVIEW**

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period of Review:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewers Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Performace Evaulation** | **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 the performance evaluation.  
  
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Employee Signature Date Reviewers Signature Date