



Annual Employee Performance Review

Employee Information

| | | | |
|---------------|--|-------------|--|
| Name | | Employee ID | |
| Job Title | | Date | |
| Department | | Manager | |
| Review Period | | | |

Ratings

| | 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Job Knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Comments</i> | | | | | |
| Work Quality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Comments</i> | | | | | |
| Attendance/Punctuality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Comments</i> | | | | | |
| Initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Comments</i> | | | | | |
| Communication/Listening Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Comments</i> | | | | | |
| Dependability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Comments</i> | | | | | |
| Overall Rating <i>(average the rating numbers above)</i> | | | | | |

Evaluation

GOAL #1
(as agreed upon by employee and manager)

GOAL #2
 (AS AGREED UPON BY
 EMPLOYEE AND MANAGER)

GOAL #3
 (AS AGREED UPON BY
 EMPLOYEE AND MANAGER)

Use this rating key for the following evaluation:

- 1 = Unsatisfactory** - Does not perform required tasks. Requires constant supervision
- 2 = Marginal** - Needs improvement in quality of work. Completes tasks, but not on time.
- 3 = Meets Requirements** - Meets basic requirements. Tasks are completed on time.
- 4 = Exceeds Requirements** - Goes above and beyond expectations.
- 5 = Exceptional** - Always gets results far beyond what is required.



| | (5) = Exceptional | (4) = Exceeds Requirements | (3) = Meets Requirements | (2) = Marginal | (1) = Unsatisfactory |
|---|--------------------------|-------------------------------|-----------------------------|--------------------------|--------------------------|
| Achieves Set Objectives | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Open To Constructive Criticism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates Required Job Skills And Knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates Effective Management And Leadership Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Completes All Assigned Responsibilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Meets Attendance Requirements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Takes Responsibility For Actions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recognizes Potential Problems And Develops Solutions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates Problem Solving Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Offers Constructive Suggestions For Improvement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Generates Creative Ideas And Solutions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provides Alternatives When Making Recommendations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Action Plan & Comments

PROVIDE SUGGESTIONS FOR SELF-IMPROVEMENT:

SUPERVISOR/MANAGER FEEDBACK:

EMPLOYEE COMMENTS

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 | |