

DATE _____

COMPANY NAME _____
 EMPLOYEE NAME _____
 DATE OF HIRE _____ POSITION _____
 DEPARTMENT _____ REVIEWER _____

CURRENT EVALUATION PERIOD START _____ END: _____ LAST EVALUATION DATE _____

EVALUATION TYPE MERIT ANNUAL PROMOTION CORRECTIVE OTHER _____

RATING SCALE *Rate the performance for each applicable Job Element. List and rate Key Job Elements in the spaces indicated.*

5 =	Excellent	Consistently exceeds requirements. Demonstrates exceptionally high level of proficiency. Direction not required.
4 =	Good	Consistently meets and often exceeds requirements. Demonstrates high level of proficiency Occasional direction required.
3 =	Average	Often meets and occasionally exceeds requirements. Demonstrates required proficiency. Moderate direction required.
2 =	Marginal	Often fails to meet requirements. Demonstrates only moderate level of proficiency. Frequent direction and/or correction required.
1 =	Unsatisfactory	Does not meet requirements. Demonstrates minimal level of proficiency. Requires constant direction and/or correction.
N/A	Not Applicable	Category does not apply

JOB ELEMENT	5	4	3	2	1	N/A	REVIEWER COMMENTS
JOB KNOWLEDGE Knowledge of products, policies and procedures.							
SKILLS PROFICIENCY Demonstrated knowledge and ability use tools / technology.							
PRODUCTIVITY Goals are achieved within established timelines.							
QUALITY OF WORK Accurate, neat, and thorough. Exceeds expectations.							
ORGANIZATION Neat and conscientious. Ability to maintain standards.							
PREPARATION Develops plan and utilizes time wisely. Anticipates changes.							
DEPENDABILITY Reliable and persistent. Achieves goals on time.							
ATTENDANCE Conforms to daily work requirements.							
TEAM WORK Willingness to work harmoniously with others. Shares information willingly.							
CUSTOMER SERVICE Promotes strong sense of service. Resolves conflicts.							
SAFETY Adheres and promotes company safety standards.							
COMPANY VALUES Exhibits understanding of values. Communicates them to others.							



PERFORMANCE EVALUATION – GENERAL(CONTINUED)

JOB ELEMENT	5	4	3	2	1	N/A	REVIEWER COMMENTS
KEY JOB RESPONSIBILITY:							
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KEY JOB RESPONSIBILITY:							

OVERALL PERFORMANCE **RATING** _____ **COMMENTS:** _____

DEVELOPMENT PLAN *PLEASE ATTACH ADDITIONAL SHEETS IF NEEDED*

- ITEM _____ COMPLETION DATE _____
ACTION REQUIRED _____
- ITEM _____ COMPLETION DATE _____
ACTION REQUIRED _____
- ITEM _____ COMPLETION DATE _____
ACTION REQUIRED _____

EMPLOYEE ACKNOWLEDGEMENT

This evaluation has been discussed with me. I understand that my signature does not necessarily indicate agreement with this evaluation. I have made my disagreement, if any, known by written notice on this evaluation. I further understand that failure to improved required job factors may result in immediate termination of my employment

EMPLOYEE SIGNATURE _____ DATE _____

REVIEWER SIGNATURE _____ DATE _____

APPROVED BY _____ DATE _____

EMPLOYEE COMMENTS _____

EMPLOYEE SIGNATURE _____ DATE _____