



PERFORMANCE EVALUATION

EMPLOYEE NAME _____
 SUPERVISOR NAME _____
 ANNIVERSARY DATE _____

DATE COMPLETED _____
 JOB TITLE _____
 DEPARTMENT _____

CURRENT EVALUATION PERIOD START _____ End _____

Last EVALUATION Date _____

RATING SCALE Evaluate and describe the employee's performance using the performance rating given below.

1	Unsatisfactory	Unacceptable performance, lack of willingness or ability to perform the requirements of the position. If unacceptable performance continues, reassignment or separation may be required.
2	Below Expectations	Performs in a capable manner but requires improvement, more training and/or closer supervision.
3	Meets Expectations	Performs duties as required; meets all expected criteria including goals.
4	Exceeds Expectations	Clearly performs above set criteria; quality and quantity of work consistently beyond expectations.
5	Outstanding	Exceptional performance over time of duties; significantly exceeds objectives, achieves exceptional results.

SUPERVISORY COMMENTS

Check the appropriate rating for each skill outlined below. For skills not applicable to the position reviewed, mark N/A in the applicable Performance Comments Box.

	1	2	3	4	5
1. Work Quality- Accuracy and detail of work performed. Process paperwork with attention to detail. Reviews work before final processing to reduce possibility of errors.					
<i>COMMENTS</i>					
2. Work Quantity- Produces appropriate quantity of work. Works at a consistent pace. Handles stress and pressure situations and time constraints well. Takes on additional tasks when assigned and performs them within timeframe allowed. Completes assignments before deadlines.					
<i>COMMENTS</i>					
3. Handling Issues- Collects relevant information and data prior to handling issues. Presents well- considered alternatives when making suggestions to clients. Ensures issues are handled and completed even when issues are delegated to others.					
<i>COMMENTS</i>					

	1	2	3	4	5
<p>4. Teamwork- Works well in team environment. Provides assistance when needed. Handles requests from team members with efficiency and within timeframe allowed. Shares resources and information with others. Listens to suggestions.</p>					
COMMENTS					
<p>5. Job Knowledge- Possesses and uses necessary job knowledge and technical skills required for position. Keeps skill set and appropriate certifications current. Assists coworkers with developing their own job knowledge and technical skills.</p>					
COMMENTS					
<p>6. Organizational Relationships- Handles tasks and objectives provided by supervisor. Fosters relationships of mutual respect between departments. Adjusts behavior appropriately to constructive criticism. Seen as approachable by co-workers.</p>					
COMMENTS					
<p>7. Dependability / Adaptability- Punctual, accepts accountability, meets attendance requirements. Adheres to Company guidelines. Poised under pressure. Ability to respond to change. Accepts new responsibility eagerly.</p>					
COMMENTS					
<p>8. Initiative- Foresees potential issues and provides management with solution options. Asks for additional duties or task when time permits. Willingness to work with others to improve procedures and protocols within the team department.</p>					
COMMENTS					
<p>9. Customer Service- Holds self to high level of customer service. Develops relationships with clients to enhance Company image as top provider of service. Demonstrates diplomacy and patience when dealing with customers.</p>					
COMMENTS					
<p>10. Overall Summary</p>					
COMMENTS					

DEVELOPMENT PLAN

The mutually agreed upon goals should be listed below. These goals will be retained for the next review period. The employee's performance will be based on the successful completion of their assigned goals.

GOAL 1

GOAL 2

GOAL 3

GOAL 4

GOAL 5

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 improve required job factors may result in immediate termination of my employment

EMPLOYEE SIGNATURE _____ **DATE** _____**REVIEWER SIGNATURE** _____ **DATE** _____**EMPLOYEE COMMENTS**
