

EMPLOYEE PERFORMANCE EVALUATION

EMPLOYEE		TITLE
DEPARTMENT		EMPLOYEE NO.
DATE OF PRESENT POSITION / /	DATE OF LAST EVALUATION / /	NEXT SCHEDULED EVALUATION / /

REASON FOR EVALUATION

ANNUAL MERIT PERFORMANCE
 END OF PROBATION PROMOTION OTHER _____

INSTRUCTIONS: Evaluate employee's work performance as it pertains to the job requirements. Circle the letter that best describes the employee's performance since the last evaluation. Add comments if necessary. (N/A if Not Applicable)

E - Excellent A - Above Average S - Satisfactory D - Decreased Performance U - Unsatisfactory

FACTORS	SINCE LAST EVALUATION	COMMENTS
AVAILABILITY The degree to which an employee is prompt, follows rules concerning break and meal periods and overall attendance.	E A S D U	
ADHERENCE TO POLICY The degree to which an employee follows safety rules and other regulations.	E A S D U	
BEHAVIOR PATTERN The stability, politeness, and judgement shown on the job.	E A S D U	
CREATIVITY The degree to which an employee suggests ideas, discovers new and better ways of accomplishing goals.	E A S D U	
DEPENDABILITY The degree to which an employee can be relied upon to complete a job.	E A S D U	
INDEPENDENCE The degree of work accomplished with little or no supervision.	E A S D U	
INITIATIVE The degree to which an employee searches out new tasks and expands abilities professionally and personally.	E A S D U	

FACTORS	SINCE LAST EVALUATION	COMMENTS
INTERPERSONAL RELATIONSHIPS The willingness and ability to communicate, cooperate, and work with co-workers, supervisors, and customers.	E A S D U	
KNOWLEDGE OF JOB Useful technical skills and information used at work.	E A S D U	
PRODUCTIVITY The accuracy of work finished in a specific amount of time.	E A S D U	
QUALITY The accuracy, detail, and acceptability of work accomplished.	E A S D U	

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NEW ACCOMPLISHMENTS OR ABILITIES SINCE LAST EVALUATION:

AREAS WHICH NEED IMPROVEMENT:

RECOMMENDATIONS FOR CAREER DEVELOPMENT - SCHOOLING, SEMINARS, ETC.:

Rate employee's performance overall in comparison to the job requirements involved with his/her position.

- | | | |
|--|--|---|
| <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> AVERAGE | <input type="checkbox"/> UNSATISFACTORY |
| <input type="checkbox"/> ABOVE AVERAGE | <input type="checkbox"/> BELOW AVERAGE | <input type="checkbox"/> NOT RATED |

COMMENTS

Individual was evaluated on _____ / _____ / _____ Employee's Signature _____

Follow up evaluation requested Yes No Follow Up Date _____ / _____ / _____

Evaluator _____ Date _____

Evaluator's Supervisor _____ Date _____