



Client Name: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax \_\_\_\_\_

## EMPLOYEE PERFORMANCE EVALUATION

EMPLOYEE'S NAME		CLASSIFICATION TITLE	EVALUATION PERIOD FROM _____ TO _____	EVALUATION DATE
<b>PERFORMANCE FACTORS</b>		<b>PERFORMANCE EXPECTATIONS: COMMENTS AND/OR EXAMPLES (ATTACH EXTRA SHEETS IF NEEDED)</b>		<b>RATING</b>
1. <b>QUALITY OF WORK</b>  COMPETENCE, ACCURACY, NEATNESS, THOROUGHNESS.				<input type="checkbox"/> OUTSTANDING * <input type="checkbox"/> EXCEEDS EXPECTATIONS <input type="checkbox"/> MEETS EXPECTATIONS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> UNSATISFACTORY *
2. <b>QUANTITY OF WORK</b>  USE OF TIME, VOLUME OF WORK ACCOMPLISHED, ABILITY TO MEET SCHEDULES, PRODUCTIVITY LEVELS.				<input type="checkbox"/> OUTSTANDING * <input type="checkbox"/> EXCEEDS EXPECTATIONS <input type="checkbox"/> MEETS EXPECTATIONS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> UNSATISFACTORY *
3. <b>JOB KNOWLEDGE</b>  DEGREE OF TECHNICAL KNOWLEDGE, UNDERSTANDING OF JOB PROCEDURES AND METHODS.				<input type="checkbox"/> OUTSTANDING * <input type="checkbox"/> EXCEEDS EXPECTATIONS <input type="checkbox"/> MEETS EXPECTATIONS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> UNSATISFACTORY *
4. <b>WORKING RELATIONSHIPS</b>  COOPERATION AND ABILITY TO WORK WITH SUPERVISOR, CO-WORKERS, STUDENTS, AND CLIENTS SERVED.				<input type="checkbox"/> OUTSTANDING * <input type="checkbox"/> EXCEEDS EXPECTATIONS <input type="checkbox"/> MEETS EXPECTATIONS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> UNSATISFACTORY *
5. <b>SUPERVISORY SKILLS</b>  TRAINING AND DIRECTING SUBORDINATES, DELEGATION, EVALUATING SUBORDINATES, PLANNING AND ORGANIZING WORK, PROBLEM SOLVING, DECISION MAKING ABILITY, ABILITY TO COMMUNICATE.				<input type="checkbox"/> OUTSTANDING * <input type="checkbox"/> EXCEEDS EXPECTATIONS <input type="checkbox"/> MEETS EXPECTATIONS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> UNSATISFACTORY *
6. <b>COMPLIANCE WITH COMPANY POLICIES, SAFETY AND WORK AREA CLEANLINESS</b>				<input type="checkbox"/> OUTSTANDING * <input type="checkbox"/> EXCEEDS EXPECTATIONS <input type="checkbox"/> MEETS EXPECTATIONS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> UNSATISFACTORY *

### DEFINITIONS OF PERFORMANCE RATING CATEGORIES

OUTSTANDING \* – The employee has exceeded all of the performance expectations for this factor and has made many significant contributions to the efficiency and economy of this organization through such performance.

EXCEEDS EXPECTATIONS – The employee regularly works beyond a majority of the performance expectations of this factor and has made many significant contributions to the efficiency and economy of this organization through such performance.

MEETS EXPECTATIONS – The employee has met the performance expectations for this factor and has contributed to the efficiency and economy of this organization.

NEEDS IMPROVEMENT – The employee has failed to meet one or more of the significant performance expectations for this factor.

UNSATISFACTORY \* – The employee has failed to meet the performance expectations for this factor.

\*\* ve specific examples of this employee's performance.

7. SPECIFIC ACHIEVEMENTS (Attach additional sheets if necessary)			
8. PERFORMANCE GOALS FOR THE NEXT EVALUATION PERIOD			
9. TRAINING AND DEVELOPMENT SUGGESTIONS			
10. ATTENDANCE (Supervisors Comments)			
RATER'S NAME (Print or Type)	RATER'S TITLE	RATER'S SIGNATURE	DATE RATED
EMPLOYEE'S COMMENTS -			
This performance evaluation was discussed with me on the date noted above. I understand that my signature attests only that a personal interview was held with me; it does not necessarily indicate that I agree with the evaluation.		EMPLOYEE'S SIGNATURE	DATE SIGNED
REVIEWER'S COMMENTS -			
REVIEWER'S NAME (Print or Type)	REVIEWER'S TITLE	REVIEWER'S SIGNATURE *	DATE RATED

\*A copy of the signed evaluation for will be provided to the employee upon request.

**This portion is for the employee to fill out.**

1. Are we giving you the tools to be successful at your job? If not, what can we do to help you?
2. Are you receiving the training/ courses you need to succeed with Anderson Auto Group/PowerSports. If not, what training/classes would benefit you?
3. What are your goals within and outside of the company?
4. What can we do to help you accomplish your goals and be successful?
5. What is your overall perception of your department and workplace?
6. What do you think the dealership can do to better the work environment?
7. How is the communication within your overall department? Are there issues we need to be aware of?