

Employee Performance Appraisal Form

Employee Name: _____ Job Title: _____

Date of Hire: _____ Department: _____ Supervisor: _____

Annual Review: _____ 90 day Review: _____

Review Period: From: _____ To _____

Performance Rating Categories: Consider the employee's performance in each category and designate the level of performance that most accurately describes his/her job performance.

O – Outstanding E – Exceeds Expectation M – Meets Expectation,

I – Improvement Needed N/A – Not applicable or too soon to rate

General Factors	Outstanding	Exceeds Expectation	Meet Expectation	Improvement Needed	Not Applicable
Quality					
Productivity / Independence / Reliability					

Job Knowled ge					
Interpers onal Relations hips/Coo peration/ Commit ment					
Attendan ce					
Initiative / Creativit y					
Adheren ce to Policy					
Lead					
Overall Performa nce					

Commitment to do a perfect job					
Habits & Manners					
Presentation / Dress					
Punctuality					

Complete All of the Following Sections

1. Accomplishments or new abilities demonstrated since last review:

2. Specific areas of needed improvement:

3. Recommendations for professional development (seminars, training, schooling, etc.):

Employee's Comments:

Discussed/reviewed with employee on: _____

Follow up requested/desired: YES NO

Manager/Supervisor Signature: _____

Employee Signature: _____ Date: _____