



IMI and UPM

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# EMPLOYEE Evaluation

**Date of Review:** \_\_\_\_\_

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Salary: \_\_\_\_\_

Date of next review: \_\_\_\_\_

| Criteria                    | Score | Comments |
|-----------------------------|-------|----------|
| Team Player                 |       |          |
| Meets Deadlines             |       |          |
| Organizational Skills       |       |          |
| Leadership Ability          |       |          |
| Interaction with Co-workers |       |          |
| Attendance                  |       |          |
| Quality of Work             |       |          |

**Comments:**

**Goals:**

**Employee's Comments:**

**Signature of Interviewer:** \_\_\_\_\_