Employer Flexible™
Impact what matters™

Employee Performance Review

Employee Name: _____	
	_____
Employee Job Title: _____	Supervisor's Signature
Department: _____	
Location _____	_____
	Printed Name
Date of Hire: _____ Last Reviewed: _____	Date
Date in Position: _____	
	_____
Review Period: _____ to _____	Employee Signature
	_____
Follow-Up Review: ☐ Yes ☐ No Date (if yes): _____	Printed Name
	Date

Reason For Review:
☐ Annual ☐ End of Introductory Period ☐ Merit ☐ Promotion

Employees are encouraged to provide comments regarding this appraisal as well as add any suggestions. Managers and Supervisors will provide numeric ratings and comments.

DEFINITION OF RATINGS

EXCEPTIONAL: Consistently meets and often exceeds all relevant performance standards. Provides leadership, fosters teamwork, is highly productive, innovative, responsive, and generates top quality work. Active in industry-related professional and/or community groups.

VERY GOOD: Consistently meets and sometimes exceeds all relevant performance standards. Shows initiative and versatility, works collaboratively, has strong technical & interpersonal skills or has achieved significant improvement in these areas.

GOOD: Meets all relevant performance standards. Seldom exceeds or falls short of desired results. Lacks appropriate level of skills or is inexperienced/still learning the scope of the job.

IMPROVEMENT NEEDED: Sometimes meets the performance standards. Seldom exceeds and often falls short of desired results. Performance has declined significantly, or employee has not sustained adequate improvement, as required, since the last performance review or PIP.

UNSATISFACTORY: Consistently falls short of performance standards.

Carefully evaluate and describe the employee's contributions and professional strengths or weaknesses in each of the six performance categories below. Illustrate specific, detailed, examples of goals, results, and job related behavior since the last review. Rate each category according to the scale provided above while **supporting and substantiating with narrative comments.** Continue comments on a separate sheet if needed. Send to HR for review prior to finalizing for the HR File.

I. CRITERIA AND PERFORMANCE ELEMENTS

Professional Skills

Job Knowledge: Possesses working knowledge of all phases of the job and the various techniques and skills necessary for efficient completion of tasks. Remains up-to-date on changes and trends in technical knowledge related to the job. Expands knowledge of the job and company products and services through cross training, acknowledging the impact on other department as it relates to other positions.

Comments:			
	☐	5	Exceptional
	☐	4	Very Good
	☐	3	Good
	☐	2	Improvement Needed
	☐	1	Unsatisfactory

Employee Comments:

Judgment: Ability to make sound and proper decisions by drawing on professional expertise with minimal negative effects on departmental and company goals and results. Willingness to take responsibility for these decisions, and the effects they may have on employee relations.

Comments:			
	☐	5	Exceptional
	☐	4	Very Good
	☐	3	Good
	☐	2	Improvement Needed
	☐	1	Unsatisfactory

Employee Comments:

Interpersonal Skills

Interpersonal Relationships: Demonstrates a willingness to cooperate, work, and communicate with coworkers, supervisors, vendors, or clients.

Comments:			
	☐	5	Exceptional
	☐	4	Very Good
	☐	3	Good
	☐	2	Improvement Needed
	☐	1	Unsatisfactory

Employee Comments:

Communication: Effectiveness of communication in individual and group situations. Ability to convey ideas clearly and concisely. Willingness to participate and share opinions.		
Comments:	☐ 5	Exceptional
	☐ 4	Very Good
	☐ 3	Good
	☐ 2	Improvement Needed
	☐ 1	Unsatisfactory
Employee Comments:		

Administrative Skills

Cooperation: Ability to work with others as a team and express individual viewpoints while considering and learning from the input of others.		
Comments:	☐ 5	Exceptional
	☐ 4	Very Good
	☐ 3	Good
	☐ 2	Improvement Needed
	☐ 1	Unsatisfactory
Employee Comments:		

Coordination: Establishes appropriate course of action for self and subordinates to accomplish departmental and company goals; properly coordinates appropriate resources and personnel.		
Comments:	☐ 5	Exceptional
	☐ 4	Very Good
	☐ 3	Good
	☐ 2	Improvement Needed
	☐ 1	Unsatisfactory
Employee Comments:		

Adherence to Policies and Procedures: Properly applies company and department policies and procedures to job responsibilities.		
Comments:	☐ 5	Exceptional
	☐ 4	Very Good
	☐ 3	Good
	☐ 2	Improvement Needed
	☐ 1	Unsatisfactory
Employee Comments:		

Orientation Toward Results: Ability to initiate projects, anticipate changes, set proper priorities, follow through, and meet deadlines.			
Comments:	☐	5	Exceptional
	☐	4	Very Good
	☐	3	Good
	☐	2	Improvement Needed
	☐	1	Unsatisfactory
Employee Comments:			

II. PERFORMANCE EXPECTATIONS

List and comment on four major performance expectations you had for the employee during the current review period. Specify on how well the employee supported / reached your expectations. Consider quality, impact on department objectives, and operating results.

Performance Expectation:			
Comments:	☐	5	Exceptional
	☐	4	Very Good
	☐	3	Good
	☐	2	Improvement Needed
	☐	1	Unsatisfactory
Employee Comments:			

Performance Expectation:			
Comments:	☐	5	Exceptional
	☐	4	Very Good
	☐	3	Good
	☐	2	Improvement Needed
	☐	1	Unsatisfactory
Employee Comments:			

Performance Expectation:			
Comments:	☐	5	Exceptional
	☐	4	Very Good
	☐	3	Good
	☐	2	Improvement Needed
	☐	1	Unsatisfactory
Employee Comments:			

Performance Expectation:			
Comments:	☐	5	Exceptional
	☐	4	Very Good
	☐	3	Good
	☐	2	Improvement Needed
	☐	1	Unsatisfactory
Employee Comments:			

III. RATE OVERALL PERFORMANCE

Total Points ☐ divided by Number of Factors Rated ☐ = Overall Rating ☐

Exceptional	Very Good	Good	Improvement Needed	Unsatisfactory

IV. ACCOMPLISHMENTS AND CONTRIBUTIONS

Describe the accomplishments and contributions the employee made during the review period in areas other than those covered by specific objectives.

1. _____

2. _____

3. _____

Additional Accomplishments noted by employee:

V. MAJOR STRENGTHS

1. _____

2. _____

3. _____

VI. AREAS NEEDING IMPROVEMENT

1. _____

2. _____

3. _____

VII. TRAINING AND DEVELOPMENT

What training or development activities should be considered during the next review period?

_____

_____

_____

Additional Training and Development noted by employee:

**EMPLOYEE'S PROFESSIONAL DEVELOPMENT AND PERFORMANCE PLAN
TO BE COMPLETED DURING REVIEW**

Identify a combined total of two - three measurable Professional Development, Performance or Project related objectives that the employee has agreed to accomplish over the coming year. Outline goals for degrees, licenses or certification, task mastery or improved behavior. Define applicability of goal to job function. Specify method of learning and time frame for achievement.

Professional Development Objectives focus on the employee's career growth. Examples include: attending classes, seminars, or workshops or participating in on-the-job-training or self-study programs (i.e. books, cassette tapes, videos, CBT or web-based training).

Performance Objectives are intended to help the employee improve personal aspects of their performance or behavior/conduct. Examples of task oriented Performance goals are improving computer proficiency, time management or writing skills. Or the employee can focus on correcting behavioral problems that negatively impact group morale, job performance or job satisfaction. Examples of such goals are developing conflict resolution or stress reduction techniques, building collaborative co-worker relationships, or reducing incidents of absenteeism or chronic tardiness. As with Professional Development goals, effective Performance Objectives are well defined, measurable and clearly linked to specific job related outcomes.

Project Objectives are specific assignments to participate in or manage ongoing or future projects. When setting project oriented goals, outline the scope of the role the employee is to play, lists resources and completion time frame and define the desired result.

Objective 1:

Objective 2:

Objective 3:

Training Objective:

Employee Set Objective(s):

Employee Set Training Objective(s):

Employee Signature	Supervisor Signature
Employee Printed Name	Supervisor Printed Name
Date	Date

Final Draft & Rating Approved by HR _____ Date: _____

Exceptional	Very Good	Good	Improvement Needed	Unsatisfactory

Employee Comments: (Continue comments on an additional piece of paper if necessary.)	How long did your Supervisor spend with you discussing your performance review?