

CLIENT NAME _____ DATE _____

EMPLOYEE NAME _____ SS # _____

DATE OF HIRE _____ LAST REVIEW DATE _____

DEPARTMENT _____ POSITION _____

APPRAISAL ACTION

☐

Annual

☐

Promotion

☐

Other

Definition of Ratings:

5 =	Excellent	Consistently exceeds the requirement of the element. Little coaching needed.
4 =	Good	Consistently meets the requirements of the element. Little supervision needed.
3 =	Average	Often meets the requirements of the element. Normal supervision required.
2 =	Marginal	Often fails to meet the requirements of the element. Supervision required.
1 =	Unsatisfactory	Never meets the requirements of the element. Constant supervision required.
N/A	Not Applicable	Category does not apply

PERFORMANCE ELEMENT	RATING	REVIEWER COMMENTS
Job Knowledge: Knowledge of products, policies and procedures.		
Skills Proficiency: Demonstrated knowledge and ability use tools / technology.		
Productivity: Goals are achieved within established timelines.		
Quality of Work: Accurate, neat, and thorough. Regularly exceeds expectations.		
Organization: Neat and conscientious. Ability to maintain standards.		
Preparation: Develops plan and utilizes time wisely. Anticipates changes.		
Dependability: Reliable and persistent. Achieves goals on time.		
Attendance: Conforms to daily work requirements.		
Team Work: Willingness to work harmoniously with others. Shares information willingly.		
Customer Service: Promotes strong sense of service. Resolves conflicts.		
Safety: Adheres and promotes company safety standards.		
Key Responsibility		
Key Responsibility		

OVERALL RATING

- 5** Exceptional performance that far exceeds the established requirements.
- 4** Above average performance frequently exceeding the established requirements.
- 3** Competent and satisfactorily meeting requirements.
- 2** Does not adequately accomplish the established requirements.
- 1** Requires immediate improvement.

DEVELOPMENTAL ACTION PLAN

REVIEWER COMMENTS

EMPLOYEE COMMENTS

ACKNOWLEDGEMENT

This evaluation has been discussed with me. I understand that my signature does not necessarily indicate agreement with this evaluation. I have made my disagreement, if any, known by written notice. I further understand that failure to improved required elements may result in immediate termination of my employment.

EMPLOYEE SIGNATURE _____ **DATE** _____

PRINT NAME _____

REVIEWER SIGNATURE _____ **DATE** _____

APPROVED BY _____ **DATE** _____