

Performance Evaluation Form			
Employee Name:			
Evaluator's Name:			
Date:			
Rate how often the following statements apply to the employee.			
A=always, S=sometimes, N=never			
Employee shows up to assigned shifts promptly.	A	S	N
Employee understands the responsibilities associated with my position.	A	S	N
Employee works well with other members of the team.	A	S	N
Employee doesn't let personal problems affect job performance.	A	S	N
Employee fulfills the responsibilities of position.	A	S	N
Employee treats all customers with respect.	A	S	N
Employee treats coworkers with respect.	A	S	N
Employee does tasks outside of job description if asked.	A	S	N
Employee keeps information and issues about customers confidential.	A	S	N
Employee keeps information and issues about coworkers confidential.	A	S	N
Employee has a good attitude while working.	A	S	N
Employee follows service and operational procedures.	A	S	N
Employee shows initiative.	A	S	N
Employee follows through with assigned tasks.	A	S	N
Notes:			
Evaluator's Signature:			
Date:			
Employee's Signature:			
Date:			