

Employee Evaluation Forms

Name of employer _____

Name of employee _____

Employee's gender and title _____

Date hired (Month, Date, Year) _____

Employee's job title/position _____

Department _____

Time spent in the present position _____

Evaluation date _____

Evaluator's name _____

Supervisor _____

For the following twelve (12) questions answer by choosing any of the answers given in this key.

A - Mostly

B - Always

C - Never

1. i. Arrives to work on time _____
2. ii. Comes to work well prepared to start the day _____
3. iii. Completes all tasks as required _____
4. iv. Gives notice for sick or other leave _____
5. v. Completes all tasks with a high degree of quality _____
6. vi. Offers to take the lead on department projects and is highly innovative
7. Suggests ways through which the department may improve productivity and efficiency _____
8. Is a good team player _____
9. ix. Sets personal goals that are performance based _____
10. x. Attains and surpasses performance expectation _____
11. xi. Offers to take the leadership role in tasks that are group oriented

12. Pays attention to company procedures and policies _____

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