

## PERFORMANCE APPRAISAL FORM

This evaluation will provide a documented history of the employee's development and progress. The purpose is to serve as a personal inventory to pinpoint weaknesses and strengths. INSTRUCTIONS: Supervisors will discuss the performance of the named employee using each factor shown below. Evaluations will be done as follows: newly hired employees will be evaluated at the end of three months employment/end of probation; six months after date of hire; and upon completion of one full year of employment. Employees will be evaluated annually thereafter.

Employee:	Title: D.O.H.	:						
Department: Date Assigned to Present Position:								
ID No.	No. of Employees Supervised:							
Employee Status:	Exempt Non-Exempt							
Evaluation Type:	End of Probation: Six-month:	Annual:						
		Good Average To						
		10 9 8 7 6 5 4 3 2 1						
Quality of Work - thorough	000000000							
Volume of Work - ability to produce								
Attendance and Punctuality - being at w								
<b>Personal Relations</b> - attitude an	000000000							
<b>Initiative</b> - originating								
<b>Job Knowledge</b> - understanding all phas internal	f oooooooo							
Supervision - (optional) cor	000000000							

Supervisors are required to discuss the performance of the named employee using each factor shown below. Please keep the evaluation in essay form describing and detailing the employee's overall performance.

Progress made toward establishing goals and objectives.

Significant accomplishments performed in job

Areas where employee needs to improve:

Future goals and objectives employee has agreed to accomplish:

General comments:

## **Overall Performance Appraisal**

(Select appropriate box)

0	0	0	0	0	0	0	0	0	0
Outstandi	Approaches	Consider	Above	Satisfact	Mini	Below expe	Clearly	Attempts at	Inadequat
ng in all	best possible	able	normal	ory	mally	ctations but	below	improveme	e
subjects	attainment	above	expectati		satisfacto	making	reasonab	nt	
		normal	ons		ry	improvement	le	unsuccessf	
		expectati				& progress	expectati	ul	
		ons					ons		

Employee: My signature does not necessarily indicate agreement or disagreement.\* Any concern/appeal by me must be made in writing to the Human Resources Director within five working days from the dote this evaluation was given to me.

I concur	I concur I Do NotConcur* (See CommentAbove)				
Employee		Date			
***************************************					

Evaluator: I certify this evaluation represents my overall judgment and has been discussed with employee.

Employee

Date

Additional Comments (optional)