

Employee Evaluation Form

Employee Information

Employee Name:

Employee Job Title:

Direct Manager Name:

Manager Job Title:

Date of Last Evaluation

Employee Performance Evaluation

Manager Instructions: Check the rating that most closely corresponds with the employee's performance in the categories listed in the columns on the left. If you'd like to elaborate, you can write a comment about the employee's performance in the box below each category.

	1 Poor	2 Needs Improvement	3 Satisfactory	4 Great	5 Exceptional
Quality of Work					
Comments					
Consistency of Work					
Comments					
Technical Skills					
Comments					

	1 Poor	2 Needs Improvement	3 Satisfactory	4 Great	5 Exceptional
Customer Service					
Comments					
Communication					
Comments					
Teamwork					
Comments					
Dependability					
Comments					
Attitude					
Comments					
Attendance					
Comments					
Punctuality					
Comments					
Overall Performance					
Comments					

Goals

Q. What are the employee's strengths?

Manager Evaluation	Employee Self-Evaluation

Q. What are the employee's weaknesses?

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Q. What were the employee's goals during the previous review period?

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Q. Has the employee achieved these goals? (select one and elaborate the answer)

Yes No	Yes No

Q. Goals for the next review period (fill out together)

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Sign Off

Signing this form indicates that you, the employee, have met with your manager to discuss your review in detail. Signing this form does not indicate that you agree or disagree with your performance evaluation.

Employee Signature:

Date:

Manager Signature:

Date: