

PERFORMANCE EVALUATION FORM

Employee _____ ID # _____

Department _____ Job Title _____

Evaluation Period From _____ To _____

Evaluation Date _____ Last Evaluation Date _____

Primary Job Responsibilities: _____

Performance Ratings:

- 90-100% Excellent- performance is outstanding and exceeds requirements
- 80-89% Satisfactory- performance is within normal expectations, meets requirements
- 70-79% Improvement Required- performance is less than expected, additional training and improvement required
- >70% Unacceptable- performance indicates inadequate capabilities and potential termination

EVALUATIONS	DESCRIPTION	PERCENTAGE
Dedication	Reports to work on time	
	Uses time constructively	
Performance	Good knowledge of job task	
	Organizes workflow well	
	Performs work in timely manner	
Cooperation	Performs work in a professional manner	
	Willingly accepts work assignment	
	Willingly accepts changes in assignment	
Initiative	Performs work duties with little or no supervision	
	Performs under pressure well	
	Strives to meet or exceed timelines/deadlines	
Communication	Communicates professionally and well in person	
	Communicates professionally and well on phone	
	Communicates well through writings/drawings	
Teamwork	Works well with other team members, without conflict	
	Always willing to support a team member	
Character	Accepts constructive criticism in a professional manner	
	Offers support to others without requested to do so	
Responsiveness	Handles stressful situations well	
	Responds to supervision effectively	
Personality	Demonstrates a pleasant, calm personality dealing with customers and other employees	
Appearance	Well groomed, clean and neat	

	Dresses appropriately for work task	
Work Quality	Maintains quality control standards set by company	
	Attention to detail and end results	
Safety	Commitment to safe working conditions and work area	
	Looks out for team members safety	
	Overall Performance Percentage	

List Key Improvement Objectives Required by _____ (date)

Comments From Supervisor/Evaluator

Comments From Employee

Employee Signature

Date

Supervisor/Evaluator Signature

Date