

# PERFORMANCE EVALUATION

Employee Name: \_\_\_\_\_ Social Security#: \_\_\_\_\_

(Last), (First) (MI)

Client Company: \_\_\_\_\_ Client #: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_ Dept / Job Title: \_\_\_\_\_

Reason for Review:  Initial Evaluation  Annual  Promotion Other \_\_\_\_\_

- |                                |                            |                           |
|--------------------------------|----------------------------|---------------------------|
| 10- Top in Group or Department | 6- Slightly Above Average  | 2- Needs Much Improvement |
| 9- Exceptional Performance     | 5- Average for Group       | 1- Barely Satisfactory    |
| 8- Consistent High Performance | 4- Below Average for Group | 0- Unsatisfactory         |
| 7- Significantly Above Average | 3- Needs Some Improvement  |                           |

### Attributes

- 1- Quality of Work Output
- 2- Competence – Job Knowledge
- 3- Productivity – Amount of Work
- 4- Reliability – Gets Job Done On Time
- 5- Follows Rules – Company Procedures
- 6- Availability – Attendance and Punctuality

### Rating Comments

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Overall Rating ÷ 6 \_\_\_\_\_

### Changes:

1.  Improvements or  Declines During This Period

\_\_\_\_\_

\_\_\_\_\_

2. Needs Improvement or Help in:

Next Evaluation Due: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_