## **JOB TITLE:**



Employee Performance Review

EMPLOYEE INFORMATION			
Name	Employee ID		
Job Title	Date		
Department	Manager		
Review Period			

RATINGS					
	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Job Knowledge					
Comments					
Work Quality					
Comments					
Attendance/Punctuality					
Comments					
Initiative					
Comments					
Communication/Listening Skills					
Comments					
Dependability					
Comments					
Overall Rating (average the rating numbers above)					

## EVALUATION

ADDITIONAL COMMENTS

GOALS (as agreed upon by employee and manager)

VERIFICATION OF REVIEW				
By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.				
Employee Signature	Date			
Manager Signature	Date			

## Goals and Performance Plan (GPP) – due by January $31^{st}$ , reviewed in July

Date:	Name of employee:	Name of supervisor:
Employee's main goals for this year:		
How progress towards the goals will		
How progress towards the goals will be measured:		
Next meeting date:		