

RECEIVED NOV 1 2019



RESTORATIVE JUSTICE

Employee Performance Review

EMPLOYEE INFORMATION

Name	Alana Odawa	Employee ID	
Job Title	RJW	Date	Nov 8/19.
Department	DOT	Manager	Chantelle Johnson
Review Period	Sept 19 - Present.		

RATINGS

	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	- Learning the sections - relating to the Indian Act. - Going to Kash. Presentation				
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments					
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
Overall Rating (average the rating numbers above)					

EVALUATION

ADDITIONAL COMMENTS →

updated wage approval.

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	Nov 8/19
Manager Signature		Date	Nov 8/19.