

PRE-CHARGE DIVERSION WORKER
Employee Performance Review



EMPLOYEE INFORMATION

Name	Zachary Bratski
Job Title	Precharge worker
Department	PRE Charge
Review Period	
Employee ID	
Date	Feb 23/21
Manager	Christelle Khan

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	great understanding				
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	good				
Attendance/Punctuality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments					
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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

GOALS

(as agreed upon by employee and manager)

Good training / showed to communities
Most useful / community.

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

[Handwritten Signature]

Manager Signature

Date Feb 23/21

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