# Position 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 |  |

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| --- |
| Goals and Performance Plan (GPP) – due by January 31st, reviewed in July |
| Date:  | Name of employee: | Name of supervisor: |
|  |  |  |
| Employee’s main goals for this year: |  |
| How progress towards the goals will be measured: |  |
| Next meeting date: |  |