

EMPLOYEE PERFORMANCE REVIEW

Employee Information

Employee Name: _____	Date: _____
Department: _____	Period of Review: _____
Reviewer: _____	Reviewers Title: _____

Performance Evaluation	Excellent	Good	Fair	Poor	Comments
Job Knowledge					
Productivity					
Work Quality					
Technical Skills					
Work Consistency					
Enthusiasm					
Cooperation					
Attitude					
Initiative					
Work Relations					
Creativity					
Punctuality					
Attendance					
Dependability					
Communication Skills					
Overall Rating					

Opportunities for Development

Reviewers Comments

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 performance evaluation.

Employee Signature	Date	Reviewers Signature	Date
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