Employee Performance Evaluation

EMPLOYEE'S NAME_______________________________________ DEPARTMENT_______________________________________

JOB CLASSIFICATION_____________________________________ HIRE DATE __________________________________________

DATE OF EVALUATION ____________________________________ DATE OF LAST EVALUATION ___________________________

TYPE OF EVALUATION  □ Annual  □ End of Probation Period  □ Other

INSTRUCTIONS: This form is used to evaluate supervisory, professional, and general salaried and hourly employees. Any rate increases, promotions and transfers require a current evaluation form. Assign a number for each rating within the scale and write that number in the corresponding box. Points will be totaled and averaged for an overall performance score. Please review the Assigning Performance Levels Sheet for a definition of each level.

5-Exceptional  4-Superior  3-Satisfactory  2-Improvement Needed  1-Unsatisfactory

1. Quality
   a. Work is accurate and precise. ______
   b. Recognizes and points out substandard workmanship. ______
   c. Displays thoroughness and completeness in work activity. ______
   d. Takes proper care of equipment/keeps work area clean. ______

   Average
   Total = Divide by 4

2. Productivity
   a. Amount of work completed (quantity). ______
   b. Utilizes time well. ______
   c. Organizes in such a manner to perform responsibilities. ______

   Average
   Total = Divide by 3

3. Job knowledge
   a. Able to follow verbal and/or written instructions. ______
   b. Uses proper procedures. ______
   c. Uses proper methods and tools. ______
   d. Performs work without detailed instructions. ______
   e. Shows improvement on repetitive tasks. ______
   f. Able to train others (if applicable). ______
   g. Has practical/technical knowledge to perform job. ______

   Average
   Total = Divide by 7

4. Reliability
   a. Begins and finishes on time. ______
   b. Requires minimum supervision; completes tasks without prompting. ______
   c. Completes tasks efficiently within required time frames. ______
   d. Puts in extra time and effort. ______
   e. Does the best according to ability and within minimum job standards. ______

   Average
   Total = Divide by 5
5. **Attendance**
   a. At work on a daily basis.  __
   b. Start and finishes according to approved schedule (punctual).  __
   c. Calls to explain absence.  __
   d. Observes generally agreed work break/meal periods.  __  **Average**
   **Total**  Divide by 4  

6. **Initiative/Creativity**
   a. Seeks out new assignments when finished with own work.  __
   b. Assumes additional responsibilities when needed.  __
   c. Properly selects priorities.  __
   d. Determines what must be done without being told.  __
   e. Makes suggestions on better ways of getting work done.  __
   f. Identifies and corrects errors during the work process.  __  **Average**
   **Total**  Divide by 6  

7. **Teamwork**
   a. Works well with supervisors, peers, and subordinates.  __
   b. Sets an example with a positive and supportive attitude.  __
   c. Communicates well with coworkers and supervisors.  __
   d. Promotes teamwork in the work place.  __  **Average**
   **Total**  Divide by 4  

8. **Policy Compliance**
   a. Practices proper safety procedures.  __
   b. Adheres to all company policies and regulations.  __  **Average**
   **Total**  Divide by 2  

9. **Customer Service**
   a. Establishes positive relations inter/intra departmentally.  __
   b. Responsive and courteous to client inquiries.  __  **Average**
   **Total**  Divide by 2  

10. **Other**
    a. Judgment and decision-making.  __
    b. Adaptability.  __  **Average**
    c. Problem solving.  __
    **Total**  Divide by 3  

**Total Average**  
**Divide by 10 = Overall Average**
Supervisors Comments:
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Employee Comments:
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Employee Goals for the next Evaluation (use separate sheet if necessary)

1. __________________________________________________________

2. __________________________________________________________

3. __________________________________________________________

_______________________________ ___________
Employee’s Signature     Date

_______________________________ 
Supervisor’s Signature     Date

_______________________________ 
Manager’s Signature     Date

For Human Resources Use Only
Evaluation received on: ______________________
Follow-up action form received: ________________                 Action approved by: _________________________