EMPLOYEE PERFORMANCE REVIEW

Employee Information

Employee Name: _____ Date: _____

Department: _____ Period of Review: _____

Reviewer: _____ Reviewer Title: _____

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

Opportunities for Development : _____

_____

Reviewer Comments : _____

_____

By signing this form, you confirm that you have discussed this review in detail to your reviewer. Signing this form does not necessarily indicate that you agree with this performance evaluation.

Employee Signature : _____ Reviewer Signature: _____