

EMPLOYEE EVALUATION

Employee Name: _____

Date: _____

Job Title: _____

Manager: _____

Anniversary Date: _____

Department: _____

Year Hired: _____

Hourly Rate: _____

Raise Approved: Yes No

New Hourly Rate: _____

BEHAVIOR	ASSESSMENT				COMMENTS
	Role Model Outstanding	Highly Effective	Effective	Needs Improvement	
Adaptability					
Communication					
Customer Service					
Interpersonal Skills					
Judgment					
Personal Account- Ability/Ownership					
JOB PERFORMANCE					
Quality of Work					
Quantity of Work					
Job Knowledge					
Dependability					
Initiative					
Organizational Skills					
ATTENDANCE					
Absences					
Tardiness					

Overall Rating (Check One):

Outstanding

On-Target Performance

Strong Performance

Action Needed

Employee Signature: _____ Supervisor Signature: _____