|  |  |  |
| --- | --- | --- |
|  |  |  |
| Employee Name |  | Date of Hire |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Title |  | Date of Evaluation |

As you complete this performance evaluation, use the following scale as a guideline for rating each category:

* 5 = Outstanding. Performance well beyond expectations; positive behavior reflecting a keen interest in excellence and exceeding company goals.
* 4 = Above expectations. Performance above average; behavior constantly reflects interest in improving and attaining higher level of achievement for self and company.
* 3 = Meets expectations. Performance at average level; some interest in improving and positive behavior about the job and the company.
* 2 = Below expectations. Performance is below average; behavior reflects little concern for improving.
* 1 = Unsatisfactory. Performance is unacceptable; negative behavior about the job and the company.

|  |  |  |
| --- | --- | --- |
| Core Value Alignment | Rate | Comments |
| Enter your core values here  |  |  |
| Enter your core values here |  |  |
| Enter your core values here |  |  |
| Enter your core values here |  |  |
| Enter your core values here |  |  |

Rating

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Performance**  | 5 | 4 | 3 | 2 | 1 |
| Completes tasks on time |  |  |  |  |  |
| Work quality |  |  |  |  |  |
| Productivity |  |  |  |  |  |
| Works independently |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Communication** | 5 | 4 | 3 | 2 | 1 |
| Reports to proper supervisor(s) |  |  |  |  |  |
| Understands instructions easily |  |  |  |  |  |
| Communication skills |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Interpersonal Skills** | 5 | 4 | 3 | 2 | 1 |
| Working relationship with others |  |  |  |  |  |
| Relationship with customers/clients |  |  |  |  |  |
| Relationship with supervisor |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Attendance** | 5 | 4 | 3 | 2 | 1 |
| Punctuality |  |  |  |  |  |
| Absenteeism |  |  |  |  |  |
| Overall attendance record |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Safety Compliance** | 5 | 4 | 3 | 2 | 1 |
| Attends safety meetings |  |  |  |  |  |
| Keeps workplace in safe condition |  |  |  |  |  |
| Puts safety over production |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Knowledge/Skills** | 5 | 4 | 3 | 2 | 1 |
| Meets job requirements |  |  |  |  |  |
| Applies knowledge/skills to job |  |  |  |  |  |
| Adds to knowledge and skills |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Other** | 5 | 4 | 3 | 2 | 1 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Evaluator’s comments:

1. Has employee met goals set during last evaluation? (If applicable)
2. In what specific areas, if any, has the employee excelled since last evaluation?
3. In what specific areas does the employee need improvement?
4. 4. What goals should the employee plan to meet before the next scheduled evaluation?
5. 5. Other comments

Signatures:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Supervisor  |  | Date |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Employee  |  | Date |

Copy to:

🞏 Employee

🞏 Personnel File

Date of Next Scheduled Review: