



EMPLOYEE PERFORMANCE REVIEW

Date Review Received in HR: _____

Name					Discussion Review Date	
Job Title					Date Hired	
Department				Supervisor		
Review Period	From		To		At least 1 week prior to review date, notify employee and assign them a self-review to complete.	
Review Type	___ 2 Mo	___ 6 Mo	___ 1 Year Probation	___ Annual	___ Other (Please specify): _____	
Rating Key						
1 = Unsatisfactory : Performance is consistently inadequate and inferior to the standards required for the position and is unacceptable. Immediate corrective action is necessary.						
2 = Marginal : Performance does not consistently meet the standards required for the position and needs significant improvement.						
3 = Meets Expectations : Performance consistently meets the standards required for the position.						
4 = Exceeds Expectations : Performance is often above the standards required for the position.						
5 = Exceptional : Performance is consistently superior and far beyond the standards required for the position.						
NA = Not Applicable : The employee is not required to perform in a specific rating factor and it cannot be measured.						

#	Evaluation Factors	5 Exceptional	4 Exceeds Expectations	3 Meets Expectations	2 Marginal	1 Unsatisfactory	NA
1	Demonstrates required job skills and knowledge						
2	Produces quality work						
3	Meets attendance requirements and is dependable						
4	Completes assigned tasks/projects and is productive						
5	Demonstrates good organizational skills and knows how to prioritize tasks						
6	Takes responsibility for actions						
7	Handles constructive criticism well						
8	Actively seeks ways to streamline processes for efficiency						
9	Demonstrates problem solving ability and offers alternative recommendations						
10	Embraces change and adapts well						
11	Communicates well in writing and orally.						
12	Shows initiative and motivation						
13	Projects a positive attitude and has effective interpersonal skills						
14	Provides timely follow-up						
15	Demonstrates effective leadership skills						
OVERALL JOB PERFORMANCE							

Comments: (This section is to provide follow-up comments on any factors rated above, and if any factor is rated marginal or unsatisfactory, more detailed comments must be provided). Please note which factor number the comments are being provided for. Additional comments may be attached.

Action Plans/Training and Development Goals: (If applicable, summarize any specific projects, performance objectives, or training and development to be achieved by the end of the next review period). Additional comments may be attached.

Goals Achieved:

Suggested Goals:

Additional Comments: (Optional for employee to provide any comments concerning the evaluation immediately after the performance discussion has concluded). Additional comments may be attached.

Verification of Review

Employee Signature		Date	
Supervisor's Signature		Date	
Director's Signature		Date	

(Original copy of the evaluation must be submitted to the Human Resources Department upon completion)