

YOUR LOGO  
HERE

Company Name

# Employee Performance Review

## Employee Information

<b>Employee Name</b>	<b>Employee ID</b>
<b>Job Title</b>	<b>Date</b>
<b>Department</b>	<b>Manager</b>
<b>Review period</b>	

## Ratings

	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
<b>Job Knowledge</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
<b>Work Quality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
<b>Attendance/Punctuality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
<b>Productivity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
<b>Communication/Listening Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
<b>Dependability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
<b>Overall Rating</b> <i>(average the rating numbers above)</i>					

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## Evaluation

<b>Additional Comments</b>	
<b>Employee Goals</b>	

## Verification of Review

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

<b>Employee Signature</b>		<b>Date</b>	
<b>Manager Signature</b>		<b>Date</b>	