

Client Name: _____ Date: _____

Employee Name: _____ SS#: _____

Date of Hire: _____ Last Review Date: _____

Department: _____ Position: _____

APPRAISAL ACTION

☐ Annual

☐ Promotion

☐ Other

Definition of Ratings:

5 = Excellent Consistently exceeds the requirements of the element. Little coaching needed.

4 = Good Consistently meets the requirements of the element. Little supervision needed.

3 = Average Often meets the requirements of the element.

2 = Marginal Often fails to meet the requirements of the element. Supervision required.

1 = Unsatisfactory Never meets the requirements of the element. Constant supervision required.

N/A Not Applicable Category does not apply

Performance Element	Rating	Reviewer Comments
Job Knowledge: Knowledge of products, policies and procedures.		
Skills Proficiency: Demonstrated knowledge and ability use tools.		
Productivity: Goals are achieved within established timelines.		
Quality of Work: Accurate, neat, and thorough. Regularly exceeds expectations.		
Organization: Neat and conscientious. Ability to maintain standards.		
Preparation: Develops plan and utilizes time wisely. Anticipates changes.		
Dependability: Reliable and persistent. Achieves goals on time.		
Attendance: Conforms to daily work requirements.		
Team Work: Willingness to work harmoniously with others. Shares information willingly.		
Customer Service: Promotes strong sense of service. Resolves conflicts.		
Safety: Adheres and promotes company safety standards.		
Key Responsibility		
Key Responsibility		

On a separate paper, add additional Key Responsibilities as needed.

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OVERALL RATING

- | | | |
|--------------------------|---|--|
| <input type="checkbox"/> | 5 | Exceptional performance that far exceeds the established requirements. |
| <input type="checkbox"/> | 4 | Above average performance frequently exceeding the established requirements. |
| <input type="checkbox"/> | 3 | Competent and satisfactorily meeting requirements. |
| <input type="checkbox"/> | 2 | Does not adequately accomplish the established requirements. |
| <input type="checkbox"/> | 1 | Requires immediate improvement |

DEVELOPMENTAL ACTION PLAN

REVIEWER COMMENTS

EMPLOYEE COMMENTS

ACKNOWLEDGMENT

This evaluation has been discussed with me. I understand that my signature does not necessarily indicate agreement with this evaluation. I have made my disagreement, if any, known by written notice. I further understand that failure to improved required elements may result in immediate termination of my employment.

EMPLOYEE SIGNATURE: _____ PRINT NAME: _____ DATE: _____

REVIEWER SIGNATURE: _____ DATE: _____

APPROVED BY: _____ DATE: _____

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