

PERFORMANCE APPRAISAL / NON-MANAGEMENT

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. Normal supervision required. |
| 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 | | |
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On a separate paper, add additional Key Responsibilities as needed.

OVERALL RATING

- 5** Exceptional performance that far exceeds the established requirements.
- 4** Above average performance frequently exceeding the established requirements.
- 3** Competent and satisfactorily meeting requirements.
- 2** Does not adequately accomplish the established requirements.
- 1** Requires immediate improvement.

DEVELOPMENTAL ACTION PLAN

REVIEWER COMMENTS

EMPLOYEE COMMENTS

ACKNOWLEDGEMENT

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 _____ **DATE** _____

PRINT NAME _____

REVIEWER SIGNATURE _____ **DATE** _____

APPROVED BY _____ **DATE** _____