EMPLOYEE EVALUATION

EMPLOYEE NAME: _____ **DATE:** _____

JOB TITLE: _____ **MANAGER:** _____

ANNIVERSARY DATE: _____ **DEPARTMENT:** _____

YEAR HIRED: _____ **HOURLY RATE:** _____

RAISE APPROVED: YES ☐ **NO** ☐ **NEW HOURLY RATE:** _____

BEHAVIOR	ASSESSMENT				COMMENTS
	Role Model Outstanding	Highly Effective	Effective	Needs Improvement	
Adaptability					
Communication					
Customer Service					
Interpersonal Skills					
Judgement					
Personal Account-ability/Ownership					
JOB PERFORMANCE					
Quality of Work					
Quantity of Work					
Job Knowledge					
Dependability					
Initiative					
Organizational Skills					
ATTENDANCE					
Absences					
Tardiness					

Overall Rating (Check One):

[ ] OUTSTANDING

[ ] ON-TARGET PERFORMANCE

[ ] STRONG PERFORMANCE

[ ] ACTION NEEDED

Manager's Signature

Employee's Signature