EMPLOYEE PERFORMANCE REVIEW

EMPLOYEE NAME		TODAY'S DATE		
POSITION TITLE		DEPARTMENT		
SUPERVISOR		NEXT REVIEW DATE		
CHARACTERISTICS				
QUALITY	UNSATISFACTORY	SATISFACTORY	GOOD	EXCELLENT
ATTENDANCE / PUNCTUALITY				
ATTITUDE				
COMMUNICATION				
COOPERATION				
COWORKER RELATIONS				
CUSTOMER RELATIONS				
DEPENDABILITY				
GROUP WORK				
INTEGRITY				
INDEPENDENT WORK				
JOB KNOWLEDGE				
LISTENING SKILLS				
PRODUCTIVITY				
QUALITY OF WORK				
TAKES INITIATIVE				
TECHNICAL SKILLS				
GOALS				
PERFORMANCE / GOALS ACHIEVED				
AREAS TO IMPROVE				
FUTURE GOALS AND EXPECTATIONS				
COMMENTS AND APPROVAL				
COMMENTS				
By signing this performance review you confirm that your supervisor has discussed this review in detail with you. Signing this				
performance review does not necessarily indicate that you agree with this evaluation.				
EMPLOYEE SIGNATURE		DATE		
SUPERVISOR SIGNATURE		DATE		
JOI ERVISOR SIGNATURE		DATE		