YOUR LOGO HERE

Company Name

Employee Performance Review

Employee Information

Employee Name		**Employee ID**	
Job Title		**Date**	
Department		**Manager**	
Review period			

Ratings

	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Job Knowledge	☐	☐	☐	☐	☐
Comments					
Work Quality	☐	☐	☐	☐	☐
Comments					
Attendance/Punctuality	☐	☐	☐	☐	☐
Comments					
Productivity	☐	☐	☐	☐	☐
Comments					
Communication/Listening Skills	☐	☐	☐	☐	☐
Comments					
Dependability	☐	☐	☐	☐	☐
Comments					
Overall Rating *(average the rating numbers above)*					

Evaluation

Additional Comments	
Employee Goals	

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.

Employee Signature		**Date**	
Manager Signature		**Date**	