**Business Name |** Tag Line

 PERFORMANCE EVALUATION REPORT

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name: Social Security Number: |  | Evaluation Period: |  |
| Classification: |  | Type of Evaluation: |  Regular |
| Location: Performance Period: |  | (Check One) |  Probationary  Interim |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Performance Criteria** | **Excellent** | **V. Good** | **GOOD** | **Average** | **Below Average** |
| 1. QUALITY OF WORK |  |  |  |  |  |
| 2. WORK HABITS |  |  |  |  |  |
| 3. RELATIONSHIP WITH PEOPLE  |  |  |  |  |  |
| 4. DEPENDABILITY |  |  |  |  |  |
| 5. QUANTITY OF WORK |  |  |  |  |  |
| 6. INITIATIVE |  |  |  |  |  |
| 7. ANALYTICAL ABILITY |  |  |  |  |  |
| 8. ABILITY AS SUPERVISOR |  |  |  |  |  |
| 9. ADMINISTRATIVE ABILITY |  |  |  |  |  |
| 10. SAFETY |  |  |  |  |  |
| 11. SPECIAL PERFORMANCE FACTORS |  |  |  |  |  |
| 12. COMMITMENT TO SOCIAL EQUITY |  |  |  |  |  |
| **OVERALL EVLAUATION GRADE** |  |  |  |  |  |
| Comments: |
|  |  |  |
| **EVALUATOR SIGNATURE** (EMPLOYEE’S IMMEDIATE SUPERVISOR) | TITLE | DATE |
| **REVIEWING OFFICER SIGNATURE** (EVALUATOR’S IMMEDIATE SUPERVISOR) | TITLE | DATE |
| I WOULD LIKE TO DISCUSS THIS REPORT WITH THE REVIEWING OFFICER:**YES** **NO** | AS REQUESTED, REVIEWING OFFICERDISCUSSED REPORT. REVIEWING OFFICER SIGNATURE. | DATE |
| I ACKNOWLEDGE THT I HAVE READ THIS REPORT AND THAT I HAVE BEEN GIVEN AN OPPORTUNITY TO DISCUSS IT WITH THE EVALUATOR. MY SIGNATURE DOES NOT NECESSARILY MEAN THAT I AGREE WITH THE REPORT.**EMPLOYEE SIGNATURE** **DATE**  |