**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 |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 OFFICER  DISCUSSED 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** | | | | | | | | | |