Employee Information

Employee Name: Employee ID:

Job Title: Date:

Department:

Manager:

Review Period: **to**

Review Guidelines

At least one week prior to this review, notify employee of the review, and assign the employee a self-review as well as an employee peer review.

All goals should be reasonable and specific.

Goals

Briefly describe the goals of the employee. Were the goals achieved? If no, then why not?

Goal #1:

Goal #2:

Goal #3:

Evaluation

Use this rating key for the following evaluation:

1 = *Unsatisfactory*
   Does not perform required tasks. Requires constant supervision
2 = *Marginal*
   Needs improvement in quality of work. Completes tasks, but not on time.
3 = *Meets Requirements*
   Meets basic requirements. Tasks are completed on time.
4 = *Exceeds Requirements*
   Goes above and beyond expectations.
5 = *Exceptional*
   Always gets results far beyond what is required.

	(5) = Exceptional	(4) = Exceeds Requirements	(3) = Meets Requirements	(2) = Marginal	(1) = Unsatisfactory
Achieves Set Objectives	☐	☐	☐	☐	☐
Open To Constructive Criticism	☐	☐	☐	☐	☐
Demonstrates Required Job Skills And Knowledge	☐	☐	☐	☐	☐
Demonstrates Effective Management And Leadership Skills	☐	☐	☐	☐	☐
Completes All Assigned Responsibilities	☐	☐	☐	☐	☐
Meets Attendance Requirements	☐	☐	☐	☐	☐
Takes Responsibility For Actions	☐	☐	☐	☐	☐
Recognizes Potential Problems And Develops Solutions	☐	☐	☐	☐	☐
Demonstrates Problem Solving Skills	☐	☐	☐	☐	☐
Offers Constructive Suggestions For Improvement	☐	☐	☐	☐	☐
Generates Creative Ideas And Solutions	☐	☐	☐	☐	☐
Provides Alternatives When Making Recommendations	☐	☐	☐	☐	☐

Additional Comments:

Provide Suggestions For Self-Improvement:

Supervisor/Manager Feedback:

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.

I, _____ acknowledge receipt of review, and my signature does not necessarily indicate agreement.

_____   _____
Employee Signature   *Date*

_____   _____
Manager Signature   *Date*