

# EMPLOYEE EVALUATION

By: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

Employee's Name  
\_\_\_\_\_

Job Title  
\_\_\_\_\_

Review Period From  
\_\_\_\_\_

Review Period To  
\_\_\_\_\_

Employee ID  
\_\_\_\_\_

Employee Signature  
\_\_\_\_\_

	Rating	Comments
Performance		
Consistency		
Independent work		
Teamwork		
Communication		
Creativity		
Initiative		
Work ethic		

Overall rating  
\_\_\_\_\_

Recommendation  
\_\_\_\_\_

Rating scale:

1- Unacceptable   2-Need Improvement   3- Meets Expectations   4- Exceeds expectations