

# EMPLOYEE EVALUATION

Name of Supervisor \_\_\_\_\_

Evaluation Period \_\_\_\_\_

Name of Staff Member \_\_\_\_\_

Title of Position \_\_\_\_\_

Department \_\_\_\_\_

General Performance Criteria	Comments
Attendance	
Dependability	
Demonstrates required skills and knowledge	
Initiative	
Relationship with co-workers	
Employee has Successfully Completed Their Introductory Period:	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Extend introductory period one month; Follow-up review to be completed by the end of the one month extension	
<i>Employee Comments</i>	
<i>Supervisor Comments</i>	

Supervisor's signature

Human Resources

Employee's Signature\*

Date

Date

Date