

CLIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_ SS # \_\_\_\_\_

DATE OF HIRE \_\_\_\_\_ LAST REVIEW DATE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ POSITION \_\_\_\_\_

**APPRAISAL ACTION**                      Annual                      Promotion                      Other

**Definition of Ratings:**

- 5 = Excellent                      Consistently exceeds the requirement of the element. Little coaching needed.
- 4 = Good                              Consistently meets the requirements of the element. Little supervision needed.
- 3 = Average                          Often meets the requirements of the element. Normal supervision required.
- 2 = Marginal                        Often fails to meet the requirements of the element. Supervision required.
- 1 = Unsatisfactory                Never meets the requirements of the element. Constant supervision required.
- N/A Not Applicable                Category does not apply

PERFORMANCE ELEMENT	RATING	REVIEWER COMMENTS
<b>Job Knowledge:</b> Knowledge of products, policies and procedures.		
<b>Skills Proficiency:</b> Demonstrated knowledge and ability use tools / technology.		
<b>Productivity:</b> Goals are achieved within established timelines.		
<b>Quality of Work:</b> Accurate, neat, and thorough. Regularly exceeds expectations.		
<b>Organization:</b> Neat and conscientious. Ability to maintain standards.		
<b>Preparation:</b> Develops plan and utilizes time wisely. Anticipates changes.		
<b>Dependability:</b> Reliable and persistent. Achieves goals on time.		
<b>Attendance:</b> Conforms to daily work requirements.		
<b>Team Work:</b> Willingness to work harmoniously with others. Shares information willingly.		
<b>Customer Service:</b> Promotes strong sense of service. Resolves conflicts.		
<b>Safety:</b> Adheres and promotes company safety standards.		
<b>Key Responsibility</b>		
<b>Key Responsibility</b>		

**OVERALL RATING**

- 5** Exceptional performance that far exceeds the established requirements.
- 4** Above average performance frequently exceeding the established requirements.
- 3** Competent and satisfactorily meeting requirements.
- 2** Does not adequately accomplish the established requirements.
- 1** Requires immediate improvement.

**DEVELOPMENTAL ACTION PLAN**

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**REVIEWER COMMENTS**

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**EMPLOYEE COMMENTS**

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**ACKNOWLEDGEMENT**

This evaluation has been discussed with me. I understand that my signature does not necessarily indicate agreement with this evaluation. I have made my disagreement, if any, known by written notice. I further understand that failure to improved required elements may result in immediate termination of my employment.

**EMPLOYEE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_

**REVIEWER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**APPROVED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_