

DATE _____

EMPLOYEE'S NAME _____ EMPLOYEE ID # _____

DEPARTMENT _____ YRS. IN POSITION _____ HIRE DATE _____

PERFORMANCE EVALUATION

	MEETS DEPARTMENT STANDARDS	NEEDS IMPROVEMENT	UNSATISFACTORY
ATTENDANCE			
SAFETY			
ATTITUDE			
APPEARANCE			
JOB KNOWLEDGE			
QUALITY OF WORK			

Ratings of unsatisfactory and/or exceptional must be addressed in conference summary with supporting data.

A. Unsatisfactory Improvement Plan:

B. Employee Comments:

C. Evaluator's Comments:

Employee's Signature _____ Date _____

Evaluator's Signature _____ Date _____

Reviewed By _____ Date _____

*Employees signature indicates only that this report has been seen and discussed. It does not indicate agreement or disagreement with the contents. If the employee disagrees with the evaluation results a written response may be attached to this form.