

Employee Evaluation Form

Date of Review: _____
 Employee Name: _____
 Department: _____

Date of Last Review: _____
 Reviewer Name: _____
 Department Head: _____

Aspect	Poor	Below Average	Average	Good	Excellent
Work Performance					
Work Quality					
Skills					
Knowledge					
Attendance					
Punctuality					
Consistency					
Honesty					
Initiative					
Attitude					
Creativity					
Dependability					
Productivity					
Managerial Skills					
Interpersonal Skills					
Communication Skills					
Ability to Lead					
Ability to Follow					
Ability to Work in Groups					
Ability to Set Goals					
Ability to Follow Through					
Ability to Multitask					
Ability to Work on Deadline					

Reviewer Comments: _____

Employee Comments: _____

