**Employee Performance Evaluation Form**

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| **Employee Name**: {emp\_Name} | **Employee ID Number:** {employee\_id\_no} |
| **Job Title:** {job\_title} | **Department:** {department} |
| **Reviewing Supervisor:** {rev\_sup} | **Review Period:** {rev\_period} |
| **Period Supervised by Reviewer:** {per\_sup} | **Time in Position: {**t\_o\_p} |

**RATING CATEGORIES:**

* Exceptional Performance (outstanding achievements that far exceed goals in all performance elements)
* Exceeds Expectations (performance that consistently goes beyond meeting goals)
* Fully Meets Expectations (commendable performance that meets goals)
* Partially Meets Expectations (inconsistent aspects of performance requiring improvement to meet some goals)
* Does Not Meet Requirements (goals unmet, skills not demonstrated, improvement needed)

**PART ONE: REVIEW OF PERFORMANCE ELEMENTS**

**{#categories}**

**{category}**

**{#criteria}**

{question}

**{resp}**

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**{/criteria}**

**{/categories}**

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| **PART TWO: SUMMARY REVIEW OF EMPLOYEE PERFORMANCE** |

Supervisor describes employee’s major assignments and accomplishments, key strengths, any performance shortfalls, and other performance elements that characterize the employee’s performance during the review period. Please include examples or supporting information below.

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| {part\_two\_a} |

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| **PART THREE: OVERALL PERFORMANCE RATING** |

**{overall\_rating}**

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| **PART FOUR A: PERFORMANCE GOALS FOR NEXT REVIEW PERIOD** |

Supervisor identifies goals for the upcoming review period to ensure continued contributions from the

employee for success within the organization.

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| {part\_4\_a} |

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| **PART FOUR B: GOALS FOR/AND PROGRESS ON PROFESSIONAL DEVELOPMENT** |

Supervisor lists goals related to the employee’s professional (or managerial) development. Consider the employee’s performance improvement needs and action plan, training recommendations, future goals and expectations.

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| {part\_4\_b} |

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| **REQUIRED SIGNATURES** |

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| REVIEWING SUPERVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| NAME/TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| REVIEWING SUPERVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| NAME/TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**I have received and reviewed this evaluation of my performance. My signature below indicates neither agreement nor disagreement with this evaluation.**

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| EMPLOYEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**EMPLOYEE’S COMMENTS**

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**COMPLETE AND PRINT AND ALSO SEND TO EMPLOYEE’S EMAIL**