| **Employee:** | **Mr./Ms.** | | | | | | **Date of Joining:** |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Job Title:** |  | | | | | | **Current Salary:** |  |
| **Date of Review:** |  | | | | | | **Next Review Date:** |  |
| **Evaluation of Performance** | | **Rating (-10 to 10)** | | | | | **Comments** | |
| Team Player. | | Self | LEAD | LEAD | LEAD | HR |  | |
|  |  |  |  |  |  | |
|  | |
|  | |
| Communication Skill. | |  |  |  |  |  |  | |
|  | |
|  | |
|  | |
| Technical Skill. | |  |  |  |  |  |  | |
|  | |
|  | |
|  | |
| Interaction with coworkers. | |  |  |  |  |  |  | |
|  | |
|  | |
|  | |
| How disciplined is he/she in taking leave? Does he/she tend to take unplanned leave? Rate him/her based on the previous year’s pattern. | |  |  |  |  |  |  | |
|  | |
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|  | |
| Availability. | |  |  |  |  |  |  | |
|  | |
|  | |
|  | |
| Work Quality. | |  |  |  |  |  |  | |
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|  | |
| Has he/she shown any improvement in the required skills over last year’s skill level? Rate his progress. | |  |  |  |  |  |  | |
|  | |
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|  | |
| Can the team rely on his/her ability to handle the tasks independently? Rate his/her ability. | |  |  |  |  |  |  | |
|  | |
|  | |
|  | |
| Can he/she work independently in peak working hours with a lot of pressure? Rate his/her ability to work under pressure. | |  |  |  |  |  |  | |
|  | |
|  | |

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| **Evaluation of Performance** | **Rating (-10 to 10)** | | | | | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| Tendency to accept his/her mistakes. Rate him/her on this tendency. | Self | LEAD | LEAD | LEAD | HR |  |
|  |  |  |  |  |  |
|  |
|  |
| Reaction to Management Action. Rate whether he/she is positive or negative in this regard. |  |  |  |  |  |  |
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|  |
| His/Her tendency to influence the other people in the absence of management. Rate higher if he/she influences other positively or rate negative in other way round. |  |  |  |  |  |  |
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|  |
| Major Strength. Rate higher if you feel he/she has more strengths than weaknesses. Describe. |  |  |  |  |  |  |
|  |
|  |
|  |
| Major Weakness. Rate in negative if he/she has more weakness than strength. Describe. |  |  |  |  |  |  |
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|  |
| Any Incident Report Filed during the previous year? If yes, how many? Rate with -10 for each IR. |  |  |  |  |  |  |
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|  |
| Increment expectation of the employee based on the performance of last year. Write an amount in the comment column. |  |  |  |  |  |  |
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|  |
| Left Blank |  |  |  |  |  |  |
|  |
|  |
|  |
| Left Blank |  |  |  |  |  |  |
|  |
|  |
|  |
| Employee’s Special Comment if any. |  | | | | | |

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| **Average Rating Required** | | **> = 5** |
| --- | --- | --- |
| **Your Rating** | |  |
| **ADVICE** | | |
| 1 |  | |
| 2 |  | |
| 3 |  | |
| 4 |  | |
| 5 |  | |
| 6 |  | |
| 7 |  | |
| 8 |  | |
| 9 |  | |
|  |  | |
|  |  | |
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**SD/-**