Employee Performance Review

EMPLOYEE INFORMATION						
Name:			Date:			
			Previous/Current Pay Rate:			
Supervisor:		Pay F	Raise (circle one): -	1% - 2% - 3% -	4% - 5% -	
Store #:	Region #:		RVP:			
DATING						
RATINGS						
	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent	
Job Knowledge						
Comments						
Work Quality						
Comments						
Attendance/Punctuality						
Comments						
Initiative						
Comments						
Communication/Listening Skills						
Comments						
Dependability						
Comments						
Star Learn Certifications						
Comments						
Customer Visit comments						
Comments						
Overall Rating (average the rating numbers above)						
EVALUATION						
ADDITIONAL COMMENTS:						
Goals (as agreed upon by employee and manager):						
VERIFICATION OF REVIEW						
By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.						
Employee Signature			Date			
Manager Signature			Date			

The Effective Date of this raise is the payroll period after all approvals are obtained and the raise/review are submitted to payroll

To be effective this change must meet the following criteria:

- 1 The Employee has been active for six Months
 2 The Employee has not received an increase in the prior six months.
 3 Increase does not exceed 5%

- 4 The increase does not cause the employee's rate to exceed the company standards. (for hourly employees \$4 above the hourly minimum wage) 5 An Employee Review that justifies the increase is completed by the GM and signed by the RVP or VP and submit to the payroll department. 6 Retroactive pay for raises is NOT authorized