

Employee Full Name ANNA FAGERLAND Site Location BLACKTOWN
Employee Position SALES PERSON Employee Start Date APRIL 2013

Criteria	Poor	Passable	Average	Good	Excellent
1 What level of job knowledge does the employee have? (list issues, strategies to rectify and date for re-assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 How good is the employee's quality of work? (list issues, strategies to rectify and date for re-assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 How is the employee's time management skills? (list issues, strategies to rectify and date for re-assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4 How is the employee's hygiene and overall appearance? (list issues, strategies to rectify and date for re-assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 How well does the employee follow safe work procedures and safety rules? (list issues, strategies to rectify and date for re-assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 What level of initiative does the employee show (e.g. self-starter)? (list issues, strategies to rectify and date for re-assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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7 How well does the employee follow instructions? (list issues, strategies to rectify and date for re-assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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8 How well does the employee follow company policies? (list issues, strategies to rectify and date for re-assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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9 How punctual is the employee? (list issues, strategies to rectify and date for re-assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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10 How well does the employee cooperate with managers? (list issues, strategies to rectify and date for re-assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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11 How well does the employee work with staff generally? (list issues, strategies to rectify and date for re-assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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12 How good an attitude does the employee display towards their job and AAG as a whole? (list issues, strategies to rectify and date for re-assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Criteria	Poor	Passable	Average	Good	Excellent
13 How well does the employee track towards internal budget? (list issues, strategies to rectify and date for re-assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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14 How well does the employee track towards objectives? (list issues, strategies to rectify and date for re-assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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15 How does the employee's gross performance per unit/budget rate? (list issues, strategies to rectify and date for re-assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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16 How well does the employees leadership skill rate? (list issues, strategies to rectify and date for re-assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I confirm that by signing this document, I have discussed all issues outlined in this document with my manager noted on this form and understanding the strategies outlined in this document will be used as a future improvement measure on my part.

Print Employee Name Annushka Fagerland
 Employee Signature [Signature]
 Date of Signing 8/5/19

Print Managers Name _____
 Managers Signature _____
 Date of Signing _____

