

Employee Name:	Position:
Supervisor Name:	Department:
Review Period:	Date:

**Rating scale:**

- 5 Exceeds Expectations (consistently exceeds standards)
- 4 Outstanding (frequently exceeds standards)
- 3 Meets Expectations (generally meets standards)
- 2 Needs improvement (frequently fails to meet standards)
- 1 Unacceptable (fails to meet standards)

**Our Company Values**

5 4 3 2 1

**Passion:**

Describe how the employee demonstrates passion in their work. Provide examples of how the employee's enthusiasm contributes to team motivation and project success. Do they have a passion to be the best?

**Comments:**

**Integrity:**

Evaluate the employee's adherence to ethical practices and honesty. Note instances where the employee displayed integrity in challenging situations.

**Comments:**

## Our Company Values

5 4 3 2 1

### Family:

Assess the employee's contribution to a positive team atmosphere and support for colleagues. Discuss the employee's role in building a Capriotti's/WZ family where everyone feels valued and supported, irrespective of their role or responsibilities.

### Comments:

### Profitability:

Evaluate the employee's impact on the financial success of the department/company. Highlight specific contributions to cost-saving measures or revenue generation at the company or Franchisee level.

### Comments:

### Genuineness:

Reflect on the authenticity and sincerity of the employee in their interactions. Provide examples of how their genuineness has positively affected the team or projects.

### Comments:

## GWC – Get it/Wants it/Has the Capacity

**G** (Gets it) Yes No

Comments:

**W** (Wants it) Yes No

Comments:

**C** (Has the Capacity) Yes No

Comments:

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Noteworthy accomplishments during this review period:

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Areas requiring improvement in job performance (attach the performance improvement plan for any areas rated needs improvement or unacceptable:

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Goals for the upcoming year:

*Capriotti's*  
SANDWICH SHOP

**WINGZONE**  
HOT CHICKEN & WINGS

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Employee comments:

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**Signatures acknowledge that this form was discussed and reviewed.**

Employee signature: ..... Date: .....

Supervisor signature: ..... Date: .....