

Employee Performance Review Form

Employee Name		
Social Security Number		
Job Title		
Department		
Current Salary:		Date of last salary increase:
Date of this review:		Date of last review:

Review Areas	Poor	Fair	Good	Excellent
Knowledge of Job				
<i>Equipment</i>				
<i>Systems</i>				
Achievement on job				
<i>Initiative</i>				
<i>Follow-up</i>				
Employee Relations				
<i>With management</i>				
<i>With coworkers</i>				
Quality of Work				
<i>Ability</i>				
<i>Consistency</i>				
Attitude				
<i>Dependability</i>				
<i>Attendance</i>				
<i>Reviewer's Comments:</i>				

Signature of Reviewer _____ Date _____

Was this review discussed with employee? Yes _____ No _____

<i>Employee's Comments:</i>

Signature of Employee _____ Date _____