## Employee Performance Review – Peer Review

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| Employee Information | | | | | | | |
| Name Of Employee Being Reviewed: | | Sachin Bellare | Your Name (Optional): | | | Manoj Welinkar |
| Date: | 10/15/2021 | | | Review Period: | Sept 2020 to Sept 2021 | |
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| Review Guidelines | | | | | | | |
| Complete this peer review, using the following scale: NA = Not Applicable  1 = Unsatisfactory  2 = Marginal  3 = Meets Requirements  4 = Exceeds Requirements  5 = Exceptional | | | | | | | |
| Evaluation | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | (5) = Exceptional | (4) = Exceeds Requirements | (3) = Meets Requirements | (2) = Marginal | (1) = Unsatisfactory | | Demonstrates Required Job Skills And Knowledge |  |  |  |  |  |  |  |  | | --- | --- | | Comments |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Has The Ability To Learn And Use New Skills |  |  |  |  |  |  |  |  | | --- | --- | | Comments |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Uses Resources Available In An Effective Manner |  |  |  |  |  |  |  |  | | --- | --- | | Comments | N/A |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Responds Effectively To Assigned Responsibilities |  |  |  |  |  |  |  |  | | --- | --- | | Comments |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Meets Attendance Requirements |  |  |  |  |  |  |  |  | | --- | --- | | Comments |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Listens To Direction From Management |  |  |  |  |  |  |  |  | | --- | --- | | Comments |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Takes Responsibility For Actions |  |  |  |  |  |  |  |  | | --- | --- | | Comments |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Honors Commitments |  |  |  |  |  |  |  |  | | --- | --- | | Comments |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Demonstrates Problem Solving Skills |  |  |  |  |  |  |  |  | | --- | --- | | Comments |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Offers Constructive Suggestions For Improvement |  |  |  |  |  |  |  |  | | --- | --- | | Comments |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Generates Creative Ideas And Solutions |  |  |  |  |  |  |  |  | | --- | --- | | Comments |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Meets Challenges Head On |  |  |  |  |  |  |  |  | | --- | --- | | Comments |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Demonstrates Innovative Thinking |  |  |  |  |  |  |  |  | | --- | --- | | Comments |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | | --- | --- | | Overall Rating (average the rating numbers above) |  |  Evaluation  |  |  | | --- | --- | | Additional Comments |  | | Goals (as agreed upon by employee and manager) | 1. Be pro-active and work with the development team and understand the new requirements that are coming up. 2. More involved in providing solutions to SWAT development team members. |  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 |  | | | | | | | | |