# cid:1C7D8C35-478C-4F6B-8677-4C8FD08F40E1@hsd1.mi.comcast.netEmployee Performance Review

## Employee Information

| Name |  | Job Title |  |
| --- | --- | --- | --- |
| Review Period |  | Supervisor |  |

## Ratings

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Please attach a separate piece of paper if additional space is needed.* | | 3 = Exceeds Expectations | 2 = Meets Expectations | 1 = Improvement Needed |
| **Job Knowledge** –Consider degree of understanding of job and related functions relative to the length of time in the current position | |  |  |  |
| Comments |  | | | |
| **Work Quality** – Consider neatness, accuracy, thoroughness of work, and has achieved results and met goals. | |  |  |  |
| Comments |  | | | |
| **Professionalism/ Teamwork** – Consider effectiveness of relations with peers, subordinates, supervisor, and others if appropriate. Consider the employee’s cooperativeness, service-orientation, and courtesy. Consider the employee’s willingness to participate in changing work, organizational goal support, and flexibility in varying circumstances. | |  |  |  |
| Comments |  | | | |
| **Initiative** – Consider the degree to which employee has anticipated needs and taken effective action, has been a self –starter, and/or taken appropriate independent action when necessary. | |  |  |  |
| Comments |  | | | |
| **Quantity of Work** – Consider the volume of work regularly produced, the consistency of output, speed, and efficiency. | |  |  |  |
| Comments |  | | | |
| **Dependability** – Consider the extent to which the employee can be counted on to carry out instructions, and whether the employee has been punctual, and met deadlines. | |  |  |  |
| Comments |  | | | |

## Evaluation

|  |  |
| --- | --- |
| Additional Comments – Consider providing examples or recommendations regarding primary responsibilities. Summary comments could also be included in this section. |  |
| Goals - as agreed upon by employee and supervisor |  |

## 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 Acknowledgement |  | Date |  |
| Supervisor Acknowledgement |  | Date |  |

*Supervisor: Please return a signed copy to Human Resources or email to Human Resources copying the reviewed individual.*