

EMPLOYEE EVALUATION FORM

Employee Name:

Job Title & Department:

Supervisor/Manager's Name:

Evaluation Period (From – To):

Date of Evaluation:

Performance Criteria *(use the following rating scale):*

1 – Poor2 – Needs Improvement3 – Meets Expectations4 – Exceeds Expectations5 – Outstanding

Criterion	Description	Rating (1 – 5)	Comments
TOTAL RATING SCORE:			

Manager's Comments:

Employee Signature:

Date:

Manager's Signature:

Date: