

EMPLOYEE EVALUATION FORMTEMPLATE

Employee Information

Employee Name	
Employee ID	
Job Title	
Department	
Supervisor/ Reviewer	
Review Period	
Date	

Ratings

	1	2	3	4	5
	(Poor)	(Fair)	(Satisfactory	(Good)	(Excellent)
)		
Productivity					
Job knowledge					
Work quality					
Attendance					
Communicatio					
n					
Dependability					
Group work					
Innovative					
Discipline					
Time					



Management							
Comments							
Overall Evalue	ation						