



# EMPLOYEE REVIEW

Year: \_\_\_\_\_

Open Year

Mid-Year

End Year

Employee: \_\_\_\_\_

Division: \_\_\_\_\_

Title: \_\_\_\_\_

Location: \_\_\_\_\_

Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Manager Title: \_\_\_\_\_

Employee Self-Evaluation:

Supervisor Evaluation:

## RESPONSIBILITIES

Responsibility 1:

Weight:  
Comment:

Rating:

Responsibility 2

Weight:  
Comment:

Rating:

Responsibility 3:

Weight:  
Comment:

Rating:

Responsibility 4:

Weight:  
Comment:

Rating:

Responsibility 5:

Weight:  
Comment:

Rating:

Time Management:

Weight:  
Comment:

Rating:



# EMPLOYEE REVIEW

Employee: \_\_\_\_\_  
Title: \_\_\_\_\_  
Manager: \_\_\_\_\_  
Manager Title: \_\_\_\_\_

Division: \_\_\_\_\_  
Location: \_\_\_\_\_  
Date: \_\_\_\_\_

Employee Self-Evaluation: \_\_\_\_\_ Supervisor Evaluation: \_\_\_\_\_

## GOALS

Goal:

Supports:

Due Date:

Status:

Track By:

Goal:

Supports:

Due Date:

Status:

Track By:

Goal:

Supports:

Due Date:

Status:

Track By:



# EMPLOYEE REVIEW

Employee: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Manager: \_\_\_\_\_  
 Manager Title: \_\_\_\_\_

Division: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Date: \_\_\_\_\_

Employee Self-Evaluation: \_\_\_\_\_ Supervisor Evaluation: \_\_\_\_\_

COMPETENCIES	
Communication:	
Weight: _____ Proficiency Rating: _____ Comment: _____	
Continuous Learning:	
Weight: _____ Proficiency Rating: _____ Comment: _____	
Customer Service:	
Weight: _____ Proficiency Rating: _____ Comment: _____	
Interpersonal Relationships:	
Weight: _____ Proficiency Rating: _____ Comment: _____	
Prioritization:	
Weight: _____ Proficiency Rating: _____ Comment: _____	
Problem Solving:	
Weight: _____ Proficiency Rating: _____ Comment: _____	

FOR OFFICE	
Date Provided to Employee:	
Date Reviewed with Employee::	
Date Employee Signed:	

\_\_\_\_\_  
Employee Signature

Overall Score