

Performance Appraisal/Non-Management



General Information		
Client Name:		Date:
Employee Name:		SSN:
Date of Hire:	Last Review Date:	
Department:	Position:	
Appraisal Action		
<input type="checkbox"/> Annual	<input type="checkbox"/> Promotion	<input type="checkbox"/> Other

DEFINITION OF RATINGS:

- 5 = Excellent** Consistently exceeds the requirements of the element. Little coaching needed.
- 4 = Good** Consistently meets the requirements of the element. Little supervision needed.
- 3 = Average** Often meets the requirement of the element. Normal supervision required.
- 2 = Marginal** Often Fails to meet the requirements of the element. Supervision required.
- 1 = Unsatisfactory** Never meets the requirements of the element. Constant supervision required.
- N/A Not Applicable** Category does not apply

Performance Element	Rating	Reviewer Comments
Job Knowledge: Knowledge of products, policies and procedures.		
Skills Proficiency: Demonstrated knowledge and ability use tools.		
Productivity: Goals are achieved within established timelines.		
Quality of Work: Accurate, neat, and thorough. Regularly exceeds expectations.		
Organization: Neat and conscientious. Ability to maintain standards		
Preparation: Develops plan and utilizes time wisely. Anticipates changes.		
Dependability: Reliable and persistent. Achieves goals on time		
Attendance: Conforms to daily work requirement.		
Team Work: Willingness to work harmoniously with others. Shares information willingly		
Customer Service: Promotes strong sense of service. Resolves conflicts.		
Safety: Adheres and promotes company safety standards.		
Key Responsibility:		
Key Responsibility:		
Key Responsibility:		

On a separate paper, add additional Key Responsibilities as needed.

Overall Rating

- 5** - Exceptional performance that far exceeds the established requirements.
- 4** - Above average performance frequently exceeding the established requirements.
- 3** - Competent and satisfactorily meeting requirements.
- 2** - Does not adequately accomplish the established requirements.
- 1** - Requires immediate improvement.

Developmental Action Plan

Reviewer Comments

Employee Comments

ACKNOWLEDGMENT

This evaluation has been discussed with me. I understand that my signature does not necessarily indicate agreement with this evaluation. I have made my disagreement, if any, known by written notice. I further understand that failure to improved required elements may result in immediate termination of my employment.

Employee Signature: _____ Date: _____

Print Name: _____

Reviewer Signature: _____ Date: _____

Approved By: _____ Date: _____