

PERFORMANCE APPRAISAL FORM

Employee _____ Title _____

Time in Position _____ Employment Date _____

Appraised by _____ Title _____

Department _____ Appraisal Period _____

Complete for skills and attributes that apply to position. See scales below for rating.

Skills and Attributes	Rating	Importance	Comments
Supports Company goals and objectives. Accepts, follows, and enforces Company policies and procedures			
Positive attitude towards the job. Works well with employees at all levels			
Effective planning; sets realistic goals, priorities, and schedules; follows up for successful results			
Effective communication skills, good listener, open to ideas and differing points of view			
Sound decision making and good judgement, ability to identify key issues			
Possesses necessary skills and knowledge and applies them to the job			
Generates creative and innovative ideas and solutions			
Seeks responsibility for increased work assignments, strives to improve results			
Fulfills all requirements of the job in an accurate fashion			
THE FOLLOWING APPLIES TO SUPERVISORS ONLY			
Delegates responsibility and grants corresponding authority to subordinates			
Motivates, directs, and develops associates to their fullest capabilities			
Regarded as a leader by subordinates and associates			

Rating

0 = Unacceptable
 1 = Below Standards
 2 = Meets Standards
 3 = Exceeds Standards

Importance

1 = Required
 2 = Important
 3 = Critical

What were the employee's major objectives for the year and how did the employee perform?

Work related objectives for Past Year	Importance	Performance

Importance to Company

- 1 = Required
- 2 = Important
- 3 = Critical

Identify employee's major strengths:

Identify where development is required:

Identify with employee, work related objectives and personal development objectives to be accomplished by the next review. Indicate target date, level of achievement and how important the objectives are.

Work related objectives for next performance review period	Target date/degree of accomplishment required	Importance of Objective

Importance of Objective

- 1 = Required
- 2 = Important
- 3 = Critical

Signature of Appraiser_____

Date_____

Approval of Immediate Responsible Officer

Date_____

Do you agree/disagree with the review? Why?

Can your supervisor provide any additional assistance which you both agree would further contribute to your overall effectiveness and/or development?

Employee Signature _____

Date _____