



Employee Performance Review/Appraisal

Employee: _____

Supervisor: _____

Department: _____

Title: _____

Review Period _____ through _____

Due Date: _____

Percent of Increase: _____

Date Processed: _____

Notes: _____

Category	Rating	Comments
Technical Competence		
Job Knowledge		
Numerical Skills		
Maintenance of Files		
Written Communication Skills		
Verbal Communication Skills		
Phone Manner		
Attendance		
Appearance		
Establishing Priorities		
Planning / Organization		
Follow Through		
Ability to Meet Deadlines		
Ability to Handle Pressure		
Responsiveness to Direction		
Ability to Accept Criticism		
Reliability		
Cooperativeness		
Initiative		
Relationship with Peers		
Relationship with Superiors		
Attitude		
Job Commitment		

Rating Key:

4 = EXCEEDS POSITION REQUIREMENTS

3 = MEETS POSITION REQUIREMENTS

2 = DOES NOT MEET POSITION REQUIREMENTS

Employee Strengths: _____

Areas Requiring Improvement: _____

Previous Training Evaluation:

Training Provided: _____

Effectiveness: _____

***Note:** Any training found to be ineffective must generate a corrective action and be scheduled below for recurrent training.

Future Training Needs Assessment (Check mark areas needing training; List CAPA if applicable and describe type of training needed):

- ☐ Departmental: _____

- ☐ QSM: _____

- ☐ FAA: _____

- ☐ Other: _____

Employee Comments: _____

Employee Signature *Date*

Department Manager *Date*

Executive Signature *Date*

Human Resource Signature *Date*