



Employee Annual Review Form (NON-Maintenance Personnel)

Employee Name: _____ Position: _____

Grade Level: _____ Current Salary: _____ Grade Level 5th: _____

Pay Increase Calculation:

Total Cost of Living Adjustment: _____

Based upon US Department of Labor, Bureau of Labor Statistics for Phoenix, Mesa, Scottsdale

Written Warnings: _____

Each Written Warning -5%

Attendance: _____

<i>0 Unpaid or unscheduled Absence</i>	<i>+2%</i>
<i>≤ 5 Unpaid or unscheduled Absence</i>	<i>+1%</i>
<i>6-8 Unpaid or unscheduled Absence</i>	<i>-1%</i>
<i>> 8 Unpaid or unscheduled Absence</i>	<i>-2%</i>

Training: _____

Required Training Completed on time:

<i>Meets Company Requirements:</i>	<i>0%</i>
<i>Does not meet Company Requirements:</i>	<i>-1%</i>

5th Adjustment: _____

<i>Below 1st Fifth</i>	<i>+2%</i>
<i>1st Fifth</i>	<i>+1%</i>
<i>2nd Fifth</i>	<i>+0%</i>
<i>3rd Fifth</i>	<i>-1%</i>
<i>4th Fifth</i>	<i>-2%</i>
<i>5th Fifth</i>	<i>-3%</i>



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Scoring Guidance and Summary

Performance Rating: _____

3= Exceeds Position Requirements, 2=Meets Position Requirements, 1=Does Not Meet Position Requirements.

Technical Competency:	_____	Knowledge needed to accomplish the job.
Communication Skills:	_____	Sharing of information by one with another.
Planning/Organization	_____	Process of understanding desired outcomes and turning that into goals to achieve that outcome.
Attitude	_____	The choice to be positive or negative which affects actions and responses.
Job Commitment	_____	Possessing ideology consistent with that of the Company.

Average Score: _____

Average Score: 1-1.9	0%
Average Score 2-2.6	+2%
Average Score 2.7-3.0	+3%

Total Score:

Cost of Living:	_____
Written Warning:	_____
Attendance:	_____
Required Training	_____
5 th Adjustment:	_____
Performance:	_____

Annual Pro-rate by Qtr. _____ 25% for each full qtr. employed.

Total % Annual Increase: _____

Current Pay Rate: _____

New Pay Rate: _____



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Growth & Development

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