

Employee Evaluation Form

Employee name		Department	
Job title		Manager name	
Last review date		Review period	
Review date			

Competency rating	What are employee's levels of the required competencies on a scale 1-5 (1 - lowest level, 5 - highest level)?
Job knowledge	
<i>Notes:</i>	
Quality of work	
<i>Notes:</i>	
Communication skills	
<i>Notes:</i>	
Teamwork & collaboration	
<i>Notes:</i>	
Problem-solving abilities	
<i>Notes:</i>	
Initiative	
<i>Notes:</i>	
Dependability	
<i>Notes:</i>	

Overall employee performance	To what extent do you agree with the following statements (1 - strongly disagree, 5 - strongly agree)?
Employee achieves the objectives of the job	
<i>Notes:</i>	
Employee meets the criteria for performance	
<i>Notes:</i>	
Employee fulfills all the requirements of the job	
<i>Notes:</i>	

Employee potential	Maximized	Growth within function	Promotable in the long term	Promotable in the short term
How would you qualify the employee's potential?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas of excellence

Points of improvement

Additional comments

**Employee
signature**

**Reviewer
signature**

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