Performance Evaluation

Name of Employee:

Job Title:

Supervisor:

Does the employee perform all job related tasks in a sufficient manner:

__Yes ___No

If no, please list those tasks that need additional improvement.

Does the employee have excellent/good work habits (attendance, attitude, etc.)

__Yes ___No

If no, please list those habits that need additional improvement.

If there were any notable accomplishments this past year, please list below:

A specific goal(s) for this next year is(are):

_____ _____

Employee Date

_____ _____

Supervisor Date