# Employee Evaluation Form

Name of Employee: _____

Department: _____

Section: _____

Date of appointment: _____

Date of assessment: _____

Date of last assessment: _____

Name/designation of supervisor: _____

**Grading method**

5) Poor  4) Needs Improvement 2) Meets expectations 1) Surpasses expectations 0) N/A

*Insert rating on the spaces provided*

Employee's work quality: _____

Decision making ability: _____

Attendance: _____

Accomplishment of job deadlines: _____

Job knowledge and proficiency: _____

Involvement of worker in team effort/work: _____

Receptiveness to changing work environment: _____

Employee discipline: _____

Reset Form

Employee overall performance: _____

Employee's strength: _____

Areas that need improvement: _____

Employee observation: _____

**Supervisor's recommendations:**

I recommend promotion: Yes ☐ No ☐

I recommend a raise: Yes ☐ No ☐

Supervisor signature: _____

Employee signature: _____

Date: _____ Date: _____

Sample Forms Reset Form