

EMPLOYEE EVALUATION

Employee Name:		Evaluation for the period:	
Title:			
Supervisor:		Department:	
Title			

GOALS AND OBJECTIVES DURING THIS EVALUATION PERIOD

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ACHIEVEMENTS, ACCOMPLISHMENTS, AND RESPONSIBILITIES *(completed by employee)*

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EVALUATION *(completed by supervisor)*

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STRENGTHS AND AREAS FOR DEVELOPMENT

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CAREER DEVELOPMENT PLAN

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GOALS AND OBJECTIVES FOR NEXT EVALUATION PERIOD

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EMPLOYEE SIGNATURE	SUPERVISOR SIGNATURE
Date	Date