

EMPLOYEE ASSESSMENT FORM

Format No.
Initial Issue No. & date:
Rev. No. & Date:

| | | | | |
|---------------------------|-----------------------|---|-------------------|-------------------------|
| Date of Assessment | Employee Name | Designation | Department | Management Level |
| Date of hire | Payroll Number | Assessment: A = Excellent B = Good C = Average D = Bellow Average E = Very Poor | | |

| Sr | Particulars | Rank | Sr | Particulars | Rank |
|----|------------------------------------|------|----|--------------------------------------|------|
| 01 | Attitude | | 09 | Time Keeping | |
| 02 | Team Work | | 10 | Self Discipline | |
| 03 | Initiative | | 11 | Cooperative | |
| 04 | Supervisory Ability | | 12 | Motivate Ability to others | |
| 05 | Job Knowledge | | 13 | Internal Management System Knowledge | |
| 06 | Communication Skill | | 14 | Integrity | |
| 07 | Sense of responsibility | | 15 | Job Performance | |
| 08 | Accuracy terms of Subjective tasks | | 16 | Helps to others | |

Remarks \ Comments:

| | |
|-----------------------------------|-----------------------------|
| Executive - Human Resource | Manager - Department |
|-----------------------------------|-----------------------------|