

NEW EMPLOYEE EVALUATION REPORT

FORMAT NO. _____

EMPLOYEE NAME _____	DEPARTMENT _____
JOIN DATE: _____	WORK EXPERIENCE _____
ORIENTATION TRAINING DATE: _____	OR.TRAINER NAME _____

EVALUATION						
Observation Points	Day - 1	Day - 2	Day - 3	Day - 4	Day - 5	Status

Employee Strengths & Development Needs:

Supervisor Comments:

Signature of Supervisor

Date

Signature of Employee

Date