

Performance Evaluation

Date of Interview:	Review Team Members: 1. 2. 3. 4.
Name of Employee: Designation:	
Review period	
A. Most successful job accomplishments in last year	
1. _____	
2. _____	
3. _____	
4. _____	
B. Key strengths of Employee:	
1. _____	
2. _____	
3. _____	
4. _____	
C. Problems faced by the employee in last year	
1. _____	
2. _____	
3. _____	
4. _____	
D. Key areas that need improvement:	
1. _____	
2. _____	
3. _____	
4. _____	

E. Teamwork Ability:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

F. What Warnings, If Any, Should be Given to Employee?

- 1. _____
- 2. _____
- 3. _____

G. How Do You Rate the Employee on the Following:

Observations Description	Above Satisfactory 10	Satisfactory 8	Average 6	Below Average 4	Unsatisfactory 2
1. Attitude					
2. Initiative					
3. Dependability					
4. Work quality					
5. Work quantity					
6. Knowledge of job					
7. Team Play					
8. Organization Ability					
9. Judgment					
10. Responsibility					
Total					

H. Any other Observations?: _____

I. Action to be taken if improvement is desired:

Plan of action	By whom	Future Review Dates Schedule				Completion Date

J. Overall Performance:

Excellent (90-100) _____ Average (60-69) _____
 Above Satisfactory (80-89) _____ Below Average (50-59) _____
 Satisfactory (70-79) _____ Unsatisfactory (under 50) _____

Assessment Result	Monthly Increment recommended: \$. Training needs identified : 1. 2. 3. Additional responsibility assigned: Additional Resources required for the employee:
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Revised Salary	
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Effective date for revised salary	
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Signature of review team leader / members