

# Employee Review

Employee Information	
Name:	Date:
Department:	
Position:	
Purpose of Review:	

Notes:

Core Competency				
	Unsatisfactory	Satisfactory	Good	Excellent
Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Behaviors				
Works to Full Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Achieves Office Goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coworker Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presents Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

# Employee Review

**Professional Accomplishments:** \_\_\_\_\_

---

---

**Opportunities for Development:** \_\_\_\_\_

---

---

**Overall Assessment:**

- Exceeded Job Requirements
- Achieved Job Requirements
- Below Job Requirements

**Employee Goals:** \_\_\_\_\_

---

---

Next Review	3 mo	6 mo	Annual	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Notes:

**Employee Comments:** \_\_\_\_\_

---

---

---

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Management Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Notes: