

EMPLOYEE NAME:						DEPARTMENT:					
JOB CLASSIFICATION:						TYPE OF REPORT: (Check One)					
						_____ Introductory Period _____ 6 Mo. _____ Annual _____ Other (Unscheduled) _____ (Reason)					
						DUE DATE: _____					
A*	B*	C	D**	E**	SECTION A: Factor Check-List - EACH factor must be checked in the appropriate column.						
Unsatisfactory	Improvement Needed	Standard	Above Standard	Excellent							
					1. Attendance/Punctuality						
					2. Knowledge of Work						
					3. Quality of Work						
					4. Volume of Acceptable Work						
					5. Work Judgments						
					6. Interpersonal Relations/Teamwork						
					7. Accepts Responsibility						
					8. Accepts Direction						
					9. Accepts Change						
					10. Meets Deadlines						
					11. Initiative						
					12. Operation & Care of Equipment						
					13. Safety Practices						
					OTHER:						
Additional Factors for Employees						SECTION C: Document examples of problems with performance. Explanation of all check marks in columns A and B is required. Use attachments, as needed. Please sign all attachments.					
With Lead Person Responsibility											
					1. Planning and Organizing						
					2. Training & Instruction/Developing Others						
					3. Productivity						
					4. Judgments and Decisions						
					5. Leadership						
					6. Effectively Delegates						
					7. Employee Relations						
OVERALL EVALUATION						SECTION D: I certify that this evaluation has been discussed with me. My signature does not necessarily indicate that I agree with the evaluation. Employee Comments: (Use attachments, if needed. Please sign all attachments).					
(Reflection of all Factors in Section A)											
						Evaluator's: _____ Date: _____					
*All check marks in columns A and B require explanation in Section C.						Administrator's: _____ Date: _____					
**All check marks in columns D and E require explanation in Section B.						Human Resources Review: _____ Date: _____					