EMPLOYEE REVIEW FORM



									O K L	анома
NAME:								DEPARTMENT:		
JOB TITLE:							REVIEW PERIOD:			
IN.	ISTRUCTIONS									
(Complete this form during reg mprovement where necessar during subsequent reviews. F	y. Give	e the	emplo	yee a c	copy of	f this re			
١	Evaluation Codes: Use these codes to determine the employee's p							performance in each of the review areas.		
	N/A = NOT APPLICABLE	$/A = NOT APPLICABLE \qquad U = UNSATISFACTORY \qquad F = FA$				= FAIR	S = SATISFACTORY	G = GOOD	E = EXCELLENT	
R	EVIEW AREA	N/A	U	F	S	G	Е	COMMENTS		
1.	JOB UNDERSTANDING: Does the employee know how to do the job completely and correctly?									
2.	JOB SKILLS: Does the employee possess the skills necessary to accomplish the job?									
3.	GROWTH: Is the employee progressing in overall ability and professionalism?									
4.	PREFORMANCE: How accurate, timely and complete is the employees work?									
5.	PRODUCTIVITY: How does the output compare with what is expected in this position?									
6.	DEPENDABILITY: Is the employee punctual? Can the employee be counted on to get the job done?									
7.	LEADERSHIP: Does the employee dempnstrate leadership in the department? Respected by peers?									
8.	ATTITUDE: Does the employee demonstrate a positive attitude and enthusiam for the job?									
9.	COOPERATION: Does the employee work well with co-workers, supervisors, and subordinates?									
01	HER COMMENTS:									
DATE OF REVIEW:								REVIEWED BY:		
EMPLOYEE SIGNATURE							REVIEWER SIGNATURE			

Form: CoC_EmployeeReviewForm.pdf Last Revision: February 2024