EMPLOYEE PERFORMANCE EVALUATION

This evaluation records the performance review of _____ (the "Employee") by _____ (the "Company"), covering the period from _____ through _____. _____ (the "Reviewer") completed it for the Company.

Type of review (check one): [ ] annual review [ ] probationary period review [ ] mid-year check-in [ ] project review (project: _____) [ ] performance improvement plan follow-up (plan dated _____).

Job title: _____. Department: _____. Reviewer's title: _____. Date of review: _____.

1. RATING SCALE

5 (Outstanding): performance was consistently far above the requirements of the job. 4 (Exceeds Expectations): performance often went beyond the requirements. 3 (Meets Expectations): performance fully and reliably met the requirements. 2 (Needs Improvement): performance met some requirements but not others. 1 (Unsatisfactory): performance did not meet the requirements.

2. COMPETENCY RATINGS

Job knowledge and skills: rating _____. Comments: _____

Quality of work: rating _____. Comments: _____

Productivity: rating _____. Comments: _____

Communication: rating _____. Comments: _____

Teamwork and cooperation: rating _____. Comments: _____

Dependability and attendance: rating _____. Comments: _____

Initiative: rating _____. Comments: _____

Problem solving and judgment: rating _____. Comments: _____

Other: _____: rating _____. Comments: _____

3. GOALS FOR THE REVIEW PERIOD

Goal: _____. Result: [ ] met [ ] partly met [ ] not met. Comments: _____

Goal: _____. Result: [ ] met [ ] partly met [ ] not met. Comments: _____

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Goal: _____. Result: [ ] met [ ] partly met [ ] not met. Comments: _____

4. SUMMARY OF PERFORMANCE

Strengths: _____

Areas for improvement: _____

5. PROBATION OR IMPROVEMENT PLAN OUTCOME (IF APPLICABLE)

Probationary period: [ ] completed successfully [ ] extended to _____ [ ] not completed successfully. Improvement plan: [ ] goals met, plan closed [ ] plan extended through _____ [ ] goals not met.

6. GOALS FOR THE NEXT PERIOD

Goal: _____. Target date: _____

Goal: _____. Target date: _____

Goal: _____. Target date: _____

7. OVERALL RATING

Overall rating (1 to 5): _____. Comments: _____. Next review planned for: _____.

8. EMPLOYEE COMMENTS

The Employee may write comments below or attach a separate written statement, which the Company will keep with this evaluation in the personnel file. Connecticut and Illinois give employees a statutory right to submit a written statement of disagreement (Conn. Gen. Stat. § 31-128e; 820 ILCS 40/6).

_____

_____

9. EFFECT OF THIS EVALUATION

This evaluation is not a contract of employment and does not promise employment for any period, a pay increase or a promotion. Nothing in it changes the terms of employment. Unless a separate written agreement signed by the Company, or a collective bargaining agreement, provides otherwise, employment is at will. Montana note: discharge in Montana is governed by the Wrongful Discharge from Employment Act (Mont. Code Ann. § 39-2-901 et seq.); Montana employers should replace the at-will sentence. Nothing in this evaluation limits the Employee's right to discuss working conditions or report possible violations of law.

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10. ACKNOWLEDGMENT

By signing, the Employee confirms receipt of this evaluation and the chance to discuss it with the Reviewer. The signature confirms receipt only, not agreement. The Reviewer confirms that this evaluation states the Reviewer's honest assessment of the Employee's work.

SIGNATURES

Employee

Signature: _____ Date: _____

Printed Name: _____

Reviewer

Signature: _____ Date: _____

Printed Name: _____

Second-Level Reviewer (optional)

Signature: _____ Date: _____

Printed Name: _____

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