

EMPLOYEE PERFORMANCE REVIEW

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Employee Name					
Job Title					
Manager Name					
Review Period					
Date					
Evaluation					
Job Knowledge					
700		I			
Quality of Work					
Teamwork and Collabora	ation				
Initiative					
Communication Skills					
Responsibility/Reliability	/				
Goals – as agreed to by employee and manager					

Verification of review

By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this
form does not necessarily indicate that you agree with this evaluation.

Employee Signature		Date	
Manager Signature	ı	Date	