PERFORMANCE AND WORK APPRAISAL FORM				
Date:	Employment Date:	Annual:	Probationary:	
Name:				
Job Title:	Department:	How Long	Under Your Supervision:	
separately, regardless of whe		f the other character	ich characteristic is considered ristics. Place a check (X) in front of stic is provided for additional	
1. Quality of Work	Excellent			
1. Quanty of Work	Very Good			
	Satisfactory			
	Unsatisfactory			
Additional comments, strengths, areas for improvements:				
2 C . CW/ 1	Excellent			
2. Quantity of Work	Very Good			
	Satisfactory			
Additional comments, strengths, areas for improvements:	Unsatisfactory			
	Excellent			
3. Knowledge of Job	Very Good			
	Satisfactory			
	Unsatisfactory			
Additional comments, strengths, areas for improvements:				

	Excellent
4. Attitude Towards Job	Very Good
	Satisfactory
	Unsatisfactory
Additional comments,	
strengths, areas for	
improvements:	
	Excellent
5. Interpersonal	Very Good
Communication	Satisfactory
	Unsatisfactory
A 1 1'.' 1	
Additional comments,	
strengths, areas for	
improvements:	
	Excellent
6. Cooperation	Very Good
1	Satisfactory
	Unsatisfactory
Additional comments,	
strengths, areas for	
improvements:	
•	

_	D 11 1 11	Excellent
7. Re	Reliability	Very Good
		Satisfactory
		Unsatisfactory
	A 11%: 1	
	Additional comments,	
	strengths, areas for	
	improvements:	
		L
		Excellent
8.	Initiative	Very Good
		Satisfactory
		Unsatisfactory
	Additional agreements	
	Additional comments, strengths, areas for	
	improvements:	
	improvements.	
		Excellent
,	9. Attendance	Very Good
		Satisfactory
		Unsatisfactory
	Additional comments	
	Additional comments, strengths, areas for	
	improvements:	
	improvements.	

## 10. TO BE COMPLETED FOR THOSE EMPLOYEES WHO HAVE SUPERVISORY RESPONSIBILITY:

Leadership	Excellent
	Very Good
	Satisfactory
Additional comments,	Unsatisfactory
strengths, areas for	
improvements:	

## **GENERAL COMMENTS**

- 1. What suggestions do you have for contributing to this employee's development?
  - a. What additional on-the-job training would be helpful?
  - b. What evening school subjects would assist the employee in making progress?
  - c. What other suggestions do you have?
- 2. In what area can this employee make improvement?
- 3. Has there been an overall improvement since the last evaluation? (give examples, explain)
- 4. Please note any additional information that has not already been covered:

DATE OF REVIEW WITH EMPLOYEE:	
I have read this appraisal and have had the opportunity to discuss its contents with my supervisor:  Employee's Signature:	Review's Signature (Employee's Immediate Supervisor)
	Approved By (Reviewer)