

# Employee Evaluation Form

Employee name		Department	
Job title		Manager name	
Last review date		Review period	
Review date			

Competency rating	What are employee's levels of the required competencies on a scale 1-5 (1 - lowest level, 5 - highest level)?
Job knowledge	
Notes:	
Quality of work	
Notes:	
Communication skills	
Notes:	
Teamwork & collaboration	
Notes:	
Problem-solving abilities	
Notes:	
Initiative	
Notes:	
Dependability	
Notes:	

Overall employee performance	To what extent do you agree with the following statements (1 - strongly disagree, 5 - strongly agree)?
Employee achieves the objectives of the job	
Notes:	
Employee meets the criteria for performance	
Notes:	
Employee fulfills all the requirements of the job	
Notes:	

Employee potential	Maximized	Growth within function	Promotable in the long term	Promotable in the short term
How would you qualify the employee's potential?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas of excellence

Points of improvement

Additional comments

Employee signature	
Reviewer signature	

Employee signature	
Reviewer signature	

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