



Employee Work Evaluation Form

| Employee Name | Position | Wage | Date of Employment | Date of last eval | Suggested Wage |
|---------------|----------|------|--------------------|-------------------|----------------|
| | | | | | |

On a scale of 0-10, 10 being the highest, please rate the Employee accordingly. Possibility of 100 points.

| | |
|------------------------|----------------------------------|
| _____ Job knowledge | _____ Team Player |
| _____ Productivity | _____ Initiative |
| _____ Work Quality | _____ Work Relations |
| _____ Technical Skills | _____ Punctuality / Attendance |
| _____ Work Consistency | _____ Hands in paperwork on time |
| _____ Total Points | |

Improvements to be made:

Notes & Comments:

Office Use Only

Supervisor Performing Evaluation _____ Signature _____ Date _____

2nd Supervisor Approval _____ Signature _____ Date _____