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Employee Assessment

Company Name:
Employee Name:
Identification / Social Security Number:
Position:
Date / Period:

Details	**1**	**2**	**3**	**4**	**5**	Comments
Attendance Dependability	1	2	3	4	5	Comments
Number of absences, sick leave and occasional leave						
Punctuality	1	2	3	4	5	Comments
Arrival in accordance to Company Policy						
Appearance	1	2	3	4	5	Comments
Professional, presentable and in accordance with Company dress code						
Attitude	1	2	3	4	5	Comments
Positive, co-operative, enthusiastic						
Productivity	1	2	3	4	5	Comments
Time management, meeting deadlines						
Work Quality	1	2	3	4	5	Comments
Thorough, accurate, consistent						
Creativity	1	2	3	4	5	Comments
Displays initiative, assumes responsibility, problem solving						
Work Place	1	2	3	4	5	Comments
Care of Company equipment, tools, stock						
Team Work	1	2	3	4	5	Comments
Considerate, willingness to help, respectful						
Skills	1	2	3	4	5	Comments
Knowledge of systems, products, machinery						

Overall Performance	Total Points:		Percentage:	
Comments:				

1. Unacceptable - Rarely fulfills duties = **20%**
2. Poor - Occasionally fulfills duties and need improvement = **40%**
3. Satisfactory - Fulfills duties = **60%**
4. Good - Frequently exceeds duties = **80%**

5. Excellent - Consistently fulfills and exceeds duties = **100%**

Rated by:

Position in Company:

Date: _____

Signature: _____

Acknowledgement by Employee:

The contents of this assessment have been discussed with me and I have received a copy thereof. My signature does not imply agreement or disagreement with this review. My comments are as follows:

Date: _____

Signature: _____

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