

Employee Evaluation Form
Physical Education & Wellness Department
Sample University

Name _____ ID # _____ Date _____

Position _____ Supervisor _____

Current Rate _____ Recommended Raise: _____

	Poor	Fair	Good	Excellent	Superior	Notes
Overall performance <i>-Subjective overall rating</i>	1	2	3	4	5	(x4)
Dependability <i>-On time for shift -On duty for entire shift -Deduct 1 point for each substitution</i>	1	2	3	4	5	(x4)
Quality of work <i>-Completes required tasks -Follows procedures -Initiative and problem solving -Provides feedback to supervisor -Limits personal visiting to 5 minutes -Firm and assertive</i>	1	2	3	4	5	(x3)
Job knowledge <i>-Follows procedures policies, and duties</i>	1	2	3	4	5	(x3)
Attitude <i>-Willingness to work -Positive -Receptive to suggestions by supervisor -Cooperates with staff and patrons</i>	1	2	3	4	5	(x3)
Appearance <i>-Clean and well groomed -No jewelry -Wears uniform (staff shirt & khakis) -Wear proper footwear (close-toed shoes)</i>	1	2	3	4	5	(x2)
Judgment <i>-Appropriate reactions -Proper initiative</i>	1	2	3	4	5	(x1)

Comments:

Final score _____

 Evaluator signature _____ Position _____ Date _____

Worker signature _____ Date _____