**EMPLOYEE INFORMATION** 

EMPLOYEE NAME	EMPLOYEE ID	DATE OF CURRENT REVIEW
POSITION HELD	DEPARTMENT	DATE OF LAST REVIEW
REVIEWER NAME	REVIEWER TITLE	DATE SUBMITTED

CHARACTERISTICS  QUALITY	UNSATISFACTORY	SATISFACTORY	GOOD	EXCELLENT
Works to Full Potential	CHO/MICI/KC/CKI	CANOLAGO I		
Quality of Work				
Work Consistency				
Communication				
Independent Work				
Takes Initiative				
Group Work				
Productivity				
Creativity				
Honesty				
Integrity				
Coworker Relations				
Client Relations				
Technical Skills				
Dependability				
Punctuality				
Attendance				

## GOALS

Were previously set goals achieved?			
9.2.2.2			
Goals for next review period:			
COMMENTS AND APPROVAL			
EMPLOYEE SIGNATURE	DATE	REVIEWER SIGNATURE	DATE

## **DISCLAIMER**

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