



## 90 DAY EMPLOYEE PERFORMANCE REVIEW

### Employee Information

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Performance Evaluation	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Maintained or Improved
Works cooperatively with others					
Participates in meetings, training and special events					
Follows oral and written instructions from supervisor					
Follows company policies and procedures					
Provides safety and security for self and others					
Arrives to work on time					
Uses leave appropriately (attendance)					
Demonstrates appropriate job knowledge					
Maintains neat and orderly work area					
Uses, maintains and stores work material properly					
Identifies and responds to problems effectively					
Communicates effectively					
Overall Rating (Total points / 12)					

### Goal 1

Description:

Measurement:

### Goal 2

Description:

Measurement:

## EMPLOYEE INPUT

This section is intended for your comments and suggestions.

1. In what areas do you feel your performance is most effective?
2. What current projects are most challenging to you?
3. Are there ways in which you feel you could use your time/talents more profitably within your current role?
4. With whom would you like to have more interaction on the job?
5. In what areas do you feel least effective?
6. What has your immediate supervisor done to support you, and what else can they do to support you?
7. What skill area would you like most to work on in the next few months?

By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with the performance appraisal.

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Employee Signature

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Date