



Employee Performance Checklist

Employee: _____ Date: _____

Department: _____ Period from: _____ To: _____

Supervisor: _____

	Excellent	Good	Fair	Poor
Honesty:	_____	_____	_____	_____
Productivity:	_____	_____	_____	_____
Work Quality:	_____	_____	_____	_____
Work Consistency:	_____	_____	_____	_____
Skills:	_____	_____	_____	_____
Enthusiasm:	_____	_____	_____	_____
Attitude:	_____	_____	_____	_____
Cooperation:	_____	_____	_____	_____
Initiative:	_____	_____	_____	_____
Working Relations:	_____	_____	_____	_____
Attendance:	_____	_____	_____	_____
Punctuality:	_____	_____	_____	_____
Dependability:	_____	_____	_____	_____
Appearance:	_____	_____	_____	_____
Other:	_____			

Comments:

Supervisor

Date