



# Employee Performance Checklist

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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