

**Performance Evaluation form (to be submitted on quarterly basis)**

**Company Name:**

**Employee Information**

Name:

Job Seeker no.:

Job Title:

Attachment Duration: Two/one years

Department:

Appointment Date:

Review Period: from \_\_\_\_ / \_\_\_\_ / 201\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employer:

**Ratings**

<b>Rate from a score of 1 to 5</b>	<b>Needs Improvement (score Value - 1)</b>	<b>Below Expectation (score value- 2)</b>	<b>3- Meets Expectation (score value - 3)</b>	<b>4-Exceeds Expectation (score value - 4)</b>	<b>5- Outstanding (score value - 5)</b>
<b>Job Knowledge (tick)</b>					
Comments if any;					
<b>Work Quality (tick)</b>					
Comments if any;					
<b>Attendance/punctuality (tick)</b>					
Comments if any;					
<b>Initiative (tick)</b>					
Comments if any;					
<b>Communication Skills (tick)</b>					
Comments if any;					
<b>Attitude (tick)</b>					

Comments if any;					
<b>Dependability (tick)</b>					
Comments if any;					
<b>Overall Ratings (average of the above ratings, Total rating / 7) :</b>					

1 : Needs Improvement      2 : Below Expectation  
 3 : Meets Expectation      4 : Exceeds Expectation  
 5 : Outstanding

Evaluation	
Additional Comments, if any	
Goals/targets achievement	

Employer's Signature and Official seal (Evaluator):

Date:\_\_\_/\_\_\_/20\_\_

Reviewed by (DES officer, MoLHR/RELOs):

Date:\_\_\_/\_\_\_/20\_\_

Signature: