**Employee Evaluation Record** Rev. 0

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| Employee: |  | Date of Evaluation: |  |
| Position: |  | Evaluation Performed By: |  |
| * Employee meets or exceeds current requirements for the position
* Employee requires improvement per the Personnel Improvement Plan below
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| Employee Strengths: |
| Personnel Improvement Plan: *(indicate any problems or areas requiring improvement, and develop a plan, to include training and subsequent re-evaluation, in order to improve performance.)* |
| Future Goals: |
| Status of Previous Goals: |
| Employee Concerns or Comments: |
| Wage/Salary or Benefit Modifications: |

 Employee Signature Date Signed

 Evaluator Signature Date Signed