



Employee Performance Checklist

Employee Name: _____ Date: _____

Position: _____ Department: _____

Period of: _____ Supervisor Name: _____

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

Comments:

Supervisor Signature

Date