Employee evaluation form

<table>
<thead>
<tr>
<th>Name of employee</th>
<th>Position</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Date of employment</th>
<th>How long in present position: Years Months</th>
</tr>
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Attendance record

<table>
<thead>
<tr>
<th>Number of days absent this year</th>
<th>Approved days</th>
<th>Unauthorized days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<th>Number of days absent last year</th>
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<table>
<thead>
<tr>
<th>Number of days late this year</th>
<th>Number of days late last year</th>
</tr>
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<tbody>
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Attendance is: ? Excellent ? Good ? Poor

Manager: List the most essential job responsibilities in order of priority. (Refer to job description.)

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Work performance

In the following five sections, rate the staff member’s job performance.

Quality of work
1—Consistently produces extremely neat and accurate work. Requires minimum supervision.
2—Work is very neat and accurate. Requires little supervision.
3—Quality of work is good. Makes few mistakes.
4—Produces work that is passable, although quality needs improvement.
5—Makes frequent errors; frequently produces work that is not acceptable.
Comments:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Quantity of work
1—Superior work production record. Frequently completes jobs ahead of schedule.
2—Very good producer. Meets schedules on all assignments. Does more than required.
3—Volume of work is satisfactory. Most assignments are completed on time.
4—Requires close supervision in order to complete assignments on time.
5—Very slow. Seldom completes assignments in required time.
Comments:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Job knowledge
1—Understands all phases of work. Has complete mastery of duties and carries them out skillfully.
2—Has very good knowledge of job functions and performs them well.
3—Understands most job functions. Requires minimum supervision.
4—Shows understanding of job but requires help and instruction in some phases of work.
5—Lacks sufficient understanding of job functions to perform duties effectively.
Comments:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Employee evaluation form

Staff relations
1—Goes out of way to be cooperative and provide assistance. Works exceptionally well with others.
2—Is willing to provide assistance. Alert to needs of others. Quick to respond.
3—Works well with others and takes direction. Cooperative.
4—Usually cooperative. May occasionally have problems in this area.
5—Poor attitude. Unfriendly and uncooperative in communication with others.
Comments:
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Patient/client relations
1—Extremely good at dealing with people. Goes out of the way to be helpful and courteous.
2—Consistently very good with clients. Leaves them with a good feeling towards the office.
3—Deals effectively with patients and clients.
4—Attitude and behavior not consistently effective.
5—Frequently rude or blunt. Lacks tact.
Comments:
_____________________________________________________________________________________________
_____________________________________________________________________________________________

List:
A. Three essential items that the employee is doing well:
____________________________________
____________________________________
____________________________________
B. Three essential items in need of improvement:
____________________________________
____________________________________
____________________________________

Employee action plan
On a separate piece of paper, explain what the employee can do to help himself or herself.
(List what, how, and by when.)

Employer action plan
On separate piece of paper, explain what the employer can do to help the employee.
(List what, how, and by when.)

List team members’ comments on the employee evaluation or any other job-related matter:
_____________________________________________________________________________________________

Interviewer’s comments: ________________________________________________________________
Interviewer’s signature ___________________________ Date ________________

I acknowledge that the above items have been presented and discussed with me.
Employee’s signature ___________________________ Date ________________

cc: Employee
Employee’s personnel file