

Salaried Employee Performance Review

Employee Name: _____

Today's Date: _____

Title: _____

Grade Level/Policy Point: _____

Department: _____

Hire Date: _____

Our Promise:

	2	2.5	3	3.5	4
Goal Setting: Plans, executes and manages departmental and company goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

Productivity: Balances quality, quantity and accuracy on a consistent basis. Manages time, priorities and projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional Comments:

Judgment/Innovation: Ability to analyze problems or procedures, evaluate alternatives and select best course of action; use of logic and common sense in decision making.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional Comments:

Staff Development/Mentor: Fosters a culture of job sharing and cross training, identifies and develops current and future talent through necessary training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional Comments:

	2	2.5	3	3.5	4
Operational Excellence: Seeks best use of materials, equipment and staff to maximize efficiency & effectiveness. Plans work distribution among employees best suited for tasks at hand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

Performance Appraisal: Prepares thorough and objective appraisals, provides informal performance feedback on a regular basis, acknowledges good performance and discusses performance problems on a timely basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional Comments:

Teamwork: Displays and promotes positive attitude, cooperation, respect for others, participates constructively in departmental and company changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional Comments:

Performance Goals: _____

Personal Goals: _____

Employee Comments: _____

Verification of Review

By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.

I, _____ acknowledge receipt of review, and my signature does not necessarily indicate agreement.

Manager Signature

Employee Signature

Date