

Sales Associate Self Evaluation

Employee Information

Employee Name:

Job Title:

Manager:

Date:

Review Period: to

Ratings

(5) = Poor (4) = Fair (3) = Satisfactory (2) = Good (1) = Excellent

Customer Service

☐ ☐ ☐ ☐ ☐

Comments:

Work Standards/Professionalism

☐ ☐ ☐ ☐ ☐

Comments:

Sales

☐ ☐ ☐ ☐ ☐

Comments:

Cash Handling & Reporting

☐ ☐ ☐ ☐ ☐

Comments:

Inventory Control

☐ ☐ ☐ ☐ ☐

Comments:

Cleanliness of Store

☐ ☐ ☐ ☐ ☐

Comments:

Loss Prevention & Damages

☐ ☐ ☐ ☐ ☐

Comments:

Overall Rating (average the rating numbers above):

Evaluation

Additional Comments:

Goals (as agreed upon by employee and manager):

Ratings

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

Employee Signature

Date

Manager Signature

Date