

# 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