

Performance Evaluation form (to be submitted on quarterly basis)

Company Name:

Employee Information

Name:

Job Seeker no.:

Job Title:

Attachment Duration: Two/one years

Department:

Appointment Date:

Review Period: from ___ / ___ / 201_ to ___ / ___ / ___

Employer:

Ratings

Rate from a score of 1 to 5	Needs Improvement (score Value - 1)	Below Expectation (score value- 2)	3- Meets Expectation (score value - 3)	4-Exceeds Expectation (score value - 4)	5- Outstanding (score value - 5)
Job Knowledge (tick)					
Comments if any;					
Work Quality (tick)					
Comments if any;					
Attendance/punctuality (tick)					
Comments if any;					
Initiative (tick)					
Comments if any;					
Communication Skills (tick)					
Comments if any;					
Attitude (tick)					

Comments if any;					
Dependability (tick)					
Comments if any;					

Overall Ratings (average of the above ratings, Total rating / 7) :

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- 1 : Needs Improvement 2 : Below Expectation
 3 : Meets Expectation 4 : Exceeds Expectation
 5 : Outstanding

Evaluation

Additional Comments, if any	
Goals/targets achievement	

Employer's Signature and Official seal (Evaluator):

Date: ___/___/20__

Reviewed by (DES officer, MoLHR/RELOs):

Date: ___/___/20__

Signature: