**Performance Review**

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| --- | --- |
| **Position Title:** | **Name of employee being assessed:** |
| **Department:** | **Manager’s Name:** |
| **Review period from: to:** | |

|  |  |
| --- | --- |
| **Overall Performance rating:**  **(5. Excellent; 4. Good; 3. Acceptable;**  **2. Developing / Marginal; 1. Unsatisfactory)** |  |

|  |  |
| --- | --- |
| **Workplace behaviours** | **Rating** |
| Gets things done (and completes tasks in a timely manner) |  |
| Contributes positively to team work |  |
| Demonstrates initiative |  |
| Demonstrates attention to detail |  |
| Attendance and punctuality |  |

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| --- |
| What has the employee done well during this period? |
| What areas could the employee improve on? |
| What training could the employee benefit from over the next 12 months? |

**Sign off: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manager Date**