**Performance Review**

**(To be completed by Manager)**

|  |  |
| --- | --- |
| **Position Title:**  | **Name of employee being assessed:**  |
| **Department:** | **Name of manager:**  |
| **Review period from: to:** |
|  |
| **Overall Performance Rating** |
| *Please use the scale below to rate the employee’s workplace behaviours* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5. Excellent** | **4. Good** | **3. Acceptable** | **2. Developing / Marginal** | **1. Unsatisfactory** |

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

|  |
| --- |
| 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**