



Employee Performance Review

EMPLOYEE INFORMATION

Name	Andrea Gamboa	Date of Review	10/29/18
Job Title	Cook	Date	10/29/18
Department	Tuck Shop	Manager	Jaime Barnhart
Review Period	7/26/18 to 10/26/18		

RATINGS

	1 = Unacceptable	2 = Needs Improvement	3 = Meets Expectations	4 = Exceeds Expectations	5 = Outstanding
Job Knowledge <i>Comments / Specific Accomplishments</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Quality <i>Comments / Specific Accomplishments</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dependability <i>Comments / Specific Accomplishments</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Initiative <i>Comments / Specific Accomplishments</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Communication/Teamwork <i>Comments / Specific Accomplishments</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Overall Rating				Average:	4

EVALUATION

ADDITIONAL COMMENTS	Andrea's short time with our team has been highlighted by her work ethic, teamwork, knowledge retention and ability to adapt to our system quickly. She has become a great asset to the healthy station and works very well with her lead. She also takes the time to communicate with others respectfully and to show them the correct methods of prep, clean up and service.
ACTION PLAN FOR THE NEXT YEAR	Our focus for Andrea for the next year is to have her trained in other kitchen areas that do not directly involve the prep list. Breakdown logistics and team support will be highlighted areas for training to help expand her view of the kitchen as a whole.

VERIFICATION OF REVIEW

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

Employee Signature

Date

10/31/18

Manager Signature

Date

10/31/18