

**Employee Performance Review**

EMPLOYEE INFORMATION		Date of Review <i>8/13/19</i>							
Employee Name	<i>Laquan Dawes</i>	Date							
Job Title	<i>Veg Station Cook</i>	Manager	<i>Stephanie Doane</i>						
Department									
Review Period	<i>ANNUAL REVIEW - very late</i>								
RATINGS									
	1	1.5	2	2.5	3	3.5	4	4.5	5
	Unacceptable	Needs Improvement	Meets Expectations	Exceeds Expectation	Outstanding				
Work Quality & Job Knowledge									
Technical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments/ Specific Accomplishments									
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments/ Specific Accomplishments									
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments/ Specific Accomplishments									
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments/ Specific Accomplishments									
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments/ Specific Accomplishments									
	1	1.5	2	2.5	3	3.5	4	4.5	5
	Unacceptable	Needs Improvement	Meets Expectations	Exceeds Expectation	Outstanding				
Dependability									
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments/ Specific Accomplishments									
Reliability/Timeliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments/ Specific Accomplishments									
Consistency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments/ Specific Accomplishments									
	1	1.5	2	2.5	3	3.5	4	4.5	5
	Unacceptable	Needs Improvement	Meets Expectations	Exceeds Expectation	Outstanding				
Professionalism									
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments/ Specific Accomplishments									
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments/ Specific Accomplishments									
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments/ Specific Accomplishments									
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments/ Specific Accomplishments									
	Work Quality & Job Knowledge	Dependability	Professionalism		Average Rating				
EVALUATION									
Additional Comments									
Action Plan									
VERIFICATION OF REVIEWS									
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	<i>[Signature]</i>								
Manager Signature	<i>[Signature]</i>								
Date	<i>8/13/19</i>								
Date									

\$23.00