



ACROBAT OUTSOURCING
TSC GROUP

Employee Performance Review		Date of Review 3/5/2020								
EMPLOYEE INFORMATION		Date								
Employee Name	Jessie Chambers	Manager	Keenan Sowells							
Job Title	DMO									
Department	to									
Review Period										
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Comments/ Specific Accomplishments										
Work Quality	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Comments/ Specific Accomplishments										
Creativity	<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 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 type="checkbox"/>	<input checked="" 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"/>	<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"/>				
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 checked="" type="checkbox"/>	<input type="checkbox"/>				
Comments/ Specific Accomplishments										
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>				
Comments/ Specific Accomplishments										
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Comments/ Specific Accomplishments										
Overall Rating	4.2		4.3		4.6		4.4		4.4	

EVALUATION

Additional Comments	Team Supervisors Carl Mack \$18 > \$20
Action Plan	Approved

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 Leslie Chamberlain Date 31/01/2020
Manager Signature _____ Date _____