**[Short Client Name]**

**Employee Evaluation Record** Rev. [Rev Number]

|  |  |  |  |
| --- | --- | --- | --- |
| Employee: |  | Date of Evaluation: |  |
| Position: |  | Evaluation Performed By: |  |
| * Employee meets or exceeds current requirements for the position
* Employee requires improvement per the Personnel Improvement Plan below
 |
| Employee Strengths: |
| Personnel Improvement Plan: *(indicate any problems or areas requiring improvement, and develop a plan, to include training and subsequent re-evaluation, in order to improve performance.)* |
| Future Goals: |
| Status of Previous Goals: |
| Employee Concerns or Comments: |
| Wage/Salary or Benefit Modifications: |

 Employee Signature Date Signed

 Evaluator Signature Date Signed