

90-Day Performance Review

Employee Information		
Employee Name: _____	ID #: _____	Review Period: ____ to ____
Job Title: _____	Department: _____	
Date of Hire/Transfer: _____		

Ratings	Unsatisfactory	Needs Improvement	Meets Expectations	Above Average	Superior
AREA					
1. Job knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Work quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Communication / Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Professional conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor's Comments:

Comments are required for all ratings except "Satisfactory". Schedule date to review progress if employee is marked "Unsatisfactory" or "Needs improvement" on any area; schedule meeting with Human Resources if employee is marked "Unsatisfactory" or "Needs Improvement" on two or more areas.

Employee strengths and/or areas needing improvement or unsatisfactory and actions taken to help employee improve job performance:

Supervisor's Signature

Date

Employee:

Comments:

Employee's Signature

Date

Reviewing official:

Comments:

Reviewing Official's Signature

Date