

**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
<b>AREA</b>					
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:

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*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:

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Supervisor's Signature

\_\_\_\_\_  
Date

**Employee:**

\_\_\_\_\_  
Comments:

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\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Reviewing official:**

\_\_\_\_\_  
Comments:

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\_\_\_\_\_  
Reviewing Official's Signature

\_\_\_\_\_  
Date