# IPW,INC.

### Employee Performance Review

| Employee Information | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | | | | | | | | Employee ID | | | |  | |
| Job Title | |  | | | | | | | | | | | Date |  | | | | |
| Department | | |  | | | | | | | | | | Manager | | | |  | |
| Review Period | | | |  | | | to |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Ratings | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | 1 = Poor | | 2 = Fair | 3 = Satisfactory | | | | 4 = Good | | 5 = Excellent |
| Job Knowledge | | | | | | | | |  | |  |  | | | |  | |  |
| Comments | | |  | | | | | | | | | | | | | | | |
| Work Quality | | | | | | | | |  | |  |  | | | |  | |  |
| Comments | | |  | | | | | | | | | | | | | | | |
| Attendance/Punctuality | | | | | | | | |  | |  |  | | | |  | |  |
| Comments | | |  | | | | | | | | | | | | | | | |
| Initiative | | | | | | | | |  | |  |  | | | |  | |  |
| Comments | | |  | | | | | | | | | | | | | | | |
| Communication/Listening Skills | | | | | | | | |  | |  |  | | | |  | |  |
| Comments | | |  | | | | | | | | | | | | | | | |
| Dependability | | | | | | | | |  | |  |  | | | |  | |  |
| Comments | | |  | | | | | | | | | | | | | | | |
| Overall Rating (average the rating numbers above) | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Evaluation | | | | | | | | | | | | | | | | | | |
| Additional Comments | | | | |  | | | | | | | | | | | | | |
| Goals  (as agreed upon by employee and manager) | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Verification of Review | | | | | | | | | | | | | | | | | | |
| 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 | | | | | |  | | | | | | | Date | |  | | | |
| Director Signature | | | | | |  | | | | | | | Date | |  | | | |