

St. Germain's Cabinet Inc.

5741 Old Hwy 61

Duluth, MN 55810

(218) 624-1234 (Voice)

(218) 624-0559 (Fax)

(email)

Employee Performance Evaluation

Employee ID or SSN: _____

Date: 10/29/13

Employee Name: _____

Street Address: _____

Telephone No. _____

City, State, Zip Code: _____

Mobile Phone No. _____

Position: _____

Department: _____

Date of Last Evaluation: _____

Reason for this Evaluation: _____

Follows Rules and Procedures:

Job Performance:

Attendance:

Initiative:

Teamwork:

Attitude:

Communication Skills:

Areas requiring improvement:

Action plan for improvement:

Employee's Comments:

Evaluator's Recommendation:

Employee's Signature: _____

Date: October 29, 2013

Evaluator's Signature: _____

Date: October 29, 2013

Evaluator's Typed Name: _____

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Performance Objectives

Employee ID or SSN: _____ Date: 10/29/13
Employee Name: (First) _____ (Middle) _____ (Last) _____ (Suffix) _____
Street Address: _____ Telephone No. _____
_____ Mobile Phone No. _____
City, State, Zip Code: _____

This Performance Objectives form is intended to be used twice. The first time used, fill out the columns; *Performance Objectives* (include departmental, personal and professional development goals), *Action Plan* (to achieve performance objectives), and *Time Frame* (for when each goal is to be met). The second time it is used will be to assess the progress made using the column, *Evaluation of Performance*.

	Performance Objectives	Action Plan	Time Frame	Evaluation of Performance
1				
2				
3				
4				
5				
6				

Employee's Signature: _____ Date: _____

Evaluator's Signature: _____ Date: _____