

EMPLOYEE EVALUATION FORM

Evaluator Name: _____ Department: _____

Employee Name: _____ Position: _____

Evaluation Period: _____

Performance Criteria:

- Quality of Work:
Produces accurate, thorough, and neat work consistently. Rating (1-5): _____

- Productivity:
Completes tasks efficiently and meets deadlines. Rating (1-5): _____

- Knowledge:
Demonstrates necessary knowledge and skills for the position. Rating (1-5): _____

- Communication:
Communicates clearly and effectively with colleagues and supervisors. Rating (1-5): _____

- Teamwork:
Cooperates and works well with others. Rating (1-5): _____

- Initiative:
Takes proactive steps and shows willingness to take on responsibilities. Rating (1-5): _____

- Dependability:
Reliable and punctual; follows through on assignments. Rating (1-5): _____

- Problem Solving:
Identifies issues and implements effective solutions. Rating (1-5): _____

- Adaptability:
Adjusts well to changes and new challenges. Rating (1-5): _____

- Attendance:
Maintains consistent attendance and punctuality. Rating (1-5): _____

Evaluator Comments:

Evaluator's Signature

Employee's Signature

Signature: _____

Signature: _____

This evaluation form is intended for use consistent with applicable Canadian employment laws, including the Canadian Human Rights Act, Employment Standards Acts, and privacy legislation. It is designed to provide a fair and objective assessment of employee performance and shall be used in a manner that respects employee rights and confidentiality. Any decisions based on this evaluation must comply with all relevant federal and provincial legislation.

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