



**CONFIDENTIAL INFORMATION**  
**EMPLOYEE PERFORMANCE EVALUATION**

Employee Name: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Reviewer: \_\_\_\_\_  
Review Date: \_\_\_\_\_  
Evaluation Period: \_\_\_\_\_

*Note : Submission of evaluation is recommended one (1) month prior to renewal month date.*

**GENERAL QUALITY OF WORK**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEPENDABILITY/PUNCTUALITY/ABILITY TO MEET DEADLINES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**JOB KNOWLEDGE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INTERPERSONAL SKILLS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**COMMUNICATION SKILLS**

---

---

---

---

---

**MANAGEMENT SKILLS (IF APPLICABLE)**

---

---

---

---

---

**PERFORMANCE OF RELATED JOB DUTIES**

---

---

---

---

---

**PERFORMANCE SUMMARY**

Strengths

---

---

---

---

---

Weaknesses

---

---

---



---

---

Specific Accomplishments for the year

---

---

---

---

**EMPLOYEE DEVELOPMENT PLAN**

Training, equipment or other opportunity that will assist in developing the employee performance.

---

---

---

---

**EMPLOYEE FEEDBACK**

*This section must be completed by the RCUOG employee.*

What are your most important work-related accomplishments over the last year?

---

---

---

---

What areas of your job performance need improvement?

---

---

---

---



Other concerns you would like to discuss.

---

---

---

**INCREMENTS**

I approve a one-step annual salary increase

No salary increment warranted

**SIGNATURES**

Employee Printed Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Printed Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

RCUOG Executive Director Printed Name:

RCUOG Executive Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_