



## 90 DAY EMPLOYEE PERFORMANCE REVIEW

### Employee Information

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

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

Department: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Performance Evaluation	Yes	No	Comments
<b>Job Knowledge:</b> The employee has a clear understanding of the job duties and expectations they must meet to be successful.			
<b>Quality of Work:</b> The employee's work is well executed, thorough, effective and accurate.			
<b>Quantity of Work:</b> The employee accomplishes assigned work of a specified quality within a specified period of time.			
<b>Initiative:</b> The employee is resourceful and creative in meeting objectives and works independently to complete assigned tasks.			
<b>Interpersonal Relationship:</b> The employee works well with others and demonstrates a willingness to cooperate.			
<b>Capacity to Develop:</b> The employee demonstrates the ability and willingness to accept new/more complex duties and responsibilities.			

### Goal 1

**Description:**

**Measurement:**

**Completion or Follow Up Date:**

### Goal 2

**Description:**

**Measurement:**

**Completion or Follow Up Date:**

By signing this form, you confirm that you have discussed this review in detail with your supervisor.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager/Supervisor Signature

\_\_\_\_\_  
Date



## 90 DAY EMPLOYEE PERFORMANCE REVIEW INPUT FORM

### Employee Information

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

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

Department: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Please provide your input to the following questions:

1. Is this position what you thought it would be?
2. What surprised you during the first few months on the job?
3. What grade would you give yourself at this point and why?
4. Is there anything you need from your supervisor/manager in terms of feedback, training, interaction or support?
5. Is there anything else you'd like to share?