



COPY

Reichel Foods, Inc. Employee Performance Review

SQ0012FO
R: 2
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EMPLOYEE INFORMATION					
Name	Clemente Abreu	Due Date	1/18/10		
Job Title	Production	Date	1/4/10		
Department	Production	Supervisor/Manager	Isabel Martinez <i>Rick Nelson</i>		
Review Period	10/06/09 to 1/4/10				
RATINGS					
	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Overall Rating (average the rating numbers above)	3.42				
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	<i>Clemente Abreu R.</i>		Date	1/13/10	
Manager Signature	<i>R. Nelson</i>		Date	1-11-10	

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