



HR 400 Hour Employee Performance Review

Employee Information	
Name: <u>Adilene Alvarado</u>	Date: <u>12-24-14</u>
Job Title: <u>Operator</u>	Supervisor: <u>Andrew</u>
Department: <u>Semi Con</u>	
Review Period From: <u>10-6-14</u> To: <u>12-24-14</u>	

Ratings						
5 = Excellent: Employee consistently exceeds expectations through demonstrated actions and abilities without any supervision.						
4 = Good: Employee meets job requirements as well as at times exceeds expectations with little to no supervision.						
3 = Satisfactory: Employee meets job requirements as defined.						
2 = Needs Improvement: Employee is below the standard for meeting job requirements and needs supervision.						
1 = Poor: Employee needs immediate improvement in order to continue employment with VSI. (It is suggested to place the employee on 30 day probation as well as an improvement plan with defined outcomes).						
	1 = Poor	2 = Needs Improvement	3 = Satisfactory	4 = Good	5 = Excellent	
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:						
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:						
Production Quantity Levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Comments:						
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Comments:						
Interaction with Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:						



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Evaluation

Additional Comments:

Goals (as agreed upon by employee and manager)

Inspection
Certified

Etching

Outgoing
Inspection

Date of next review: 10-10-15

Verification of Review

Employee Signature: Adriane Alvarez

Date: 12/24/14

Manager Signature: [Signature]

Date: 12/24/14

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.