



HR 400 Hour Employee Performance Review

Employee Information	
Name: <u>Angelica Chairaz</u>	Date: <u>11-18-14</u>
Job Title: <u>Production Technician</u>	Supervisor: <u>Andrew</u>
Department: <u>Semiconductors</u>	
Review Period From: <u>9-3-14</u> To: <u>11-18-14</u>	

Ratings					
	1 = Poor	2 = Needs Improvement	3 = Satisfactory	4 = Good	5 = Excellent
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:					
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:					

Evaluation			
Additional Comments: <i>Angelica quickly showed traits of a trainer/lead personality. With continued training we feel that Angelica can become a strong operator and leader in the company.</i>			
Goals (as agreed upon by employee and manager)	<i>Inspection Certified</i>	<i>Etching Certified</i>	<i>Outgoing Certified</i>
Date of next review: <u>9-3-15</u>			



HR 400 Hour Employee Self Evaluation

Employee Information

Name: Angelica Chaires

Date: 11/17/14

Employee Self Evaluation

Answer the following questions by checking the appropriate box to the right.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I know what the responsibilities of my job are.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

I know who my supervisor is and what he/she is responsible for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Comments:

I feel my workload is too heavy.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

I feel I can discuss work related problems with my supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Comments:

I feel that I am a part of a productive work team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Comments:

I always know what my daily and weekly goals are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Comments:

I feel I have had enough training to perform my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

Any other comments, questions, concerns, ideas...

More dedicated trainers (less distractions)



HR 400 Hour Employee
Performance Review

Verification of Review

Employee Signature: [Signature] Date: 10/18/14

Manager Signature: [Signature] Date: 11/18/14

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.