



HR 400 Hour Employee Performance Review

Employee Information	
Name: <u>Angelita Dela Cruz</u>	Date: <u>11-18-14</u>
Job Title: <u>Production Technician</u>	Supervisor: <u>Andrew</u>
Department: <u>Semiconductor</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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
Interaction with Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:					

Evaluation			
Additional Comments:			
Goals (as agreed upon by employee and manager)	Inspection Control	Husband to America	More Operation Flexibility
Date of next review: <u>9-3-15</u>			



HR 400 Hour Employee Self Evaluation

Employee Information

Name: Angelita Delacruz

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
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I know what the responsibilities of my job are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>
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Comments:

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

More training on microscope



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Verification of Review

Employee Signature: AS

Date: 11-18-14

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.