



## HR 400 Hour Employee Performance Review

Employee Information	
Name: <u>Jessica Herrera</u>	Date: <u>12-2-14</u>
Job Title: <u>Production Tech</u>	Supervisor: <u>Andrew</u>
Department: <u>Semicon</u>	
Review Period   From: <u>9-17-14</u> To: <u>12-2-14</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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: <i>After certification, numbers dropped significantly. If leaded parts does not improve soon, we may need to cut ties with Jessica.</i>						
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 checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:						



# HR 400 Hour Employee Performance Review Evaluation

Additional Comments:

Pay for TL + Black Friday

Goals (as agreed upon by employee and manager)

Consistent  
Quality

Inspection Cert.

Etching

Date of next review: 9-17-15

## Verification of Review

Employee Signature: Jessica Herrera

Date: 12-02-14

Manager Signature: [Signature]

Date: 12-2-14

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.



# HR 400 Hour Employee Self Evaluation

Employee Information
Name: <u>Jessica Herrera</u>
Date: <u>12-01-14</u>

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Comments:					
I feel my workload is too heavy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
Comments:					
I always know what my daily and weekly goals are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
Comments:					
Any other comments, questions, concerns, ideas...					

**Individual development plan**

Name: Jessica Herrera

Date: 12-2-14

Developmental goals for the coming year	Relationship of goal to the organization's goals	Knowledge, skills, abilities to be developed	Developmental activity	Resources	Date for completion
<p><i>Goal 1</i></p> <p><i>Improve Leadership</i></p> <p><i>QAM</i></p>	<p><i>Production</i></p>	<ul style="list-style-type: none"> <li>- <i>Keep phone for music only (in pocket)</i></li> <li>- <i>Focus on task at hand</i></li> <li>- <i>Potentially change seats</i></li> </ul>	<p><i>X</i></p>	<p><i>X</i></p>	<p><i>1-2-15</i></p>
<p><i>Goal 2</i></p>					
<p><i>Goal 3</i></p>					

*Jessica Herrera*  
Employee's signature

12-2-14  
Date

  
Manager's signature

12-2-14  
Date