



HR 400 Hour Employee Self Evaluation

Employee Information	
Name:	<u>Alisha Koscielniak</u>
Date:	<u>March 25, 2015</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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: <u>I Don't feel the work load is to heavy.</u>					
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 type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>
Comments: <u>I think training can be a little more in depth leading to training ^{More examples inspection} - Why?</u>					
Any other comments, questions, concerns, ideas...					
<u>OT- Can we pick the time we come in if there a people here from 6-12</u> <u>How can I move up in the company?</u>					



HR 400 Hour Employee Performance Review

Employee Information	
Name: <u>Alisha Koscielniak</u>	Date: <u>3-25-15</u>
Job Title: <u>Prod Tech</u>	Supervisor: <u>Andrew Boyce</u>
Department: <u>Semi-Con</u>	
Review Period From: <u>1-12-15</u> To: <u>3-25-15</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 type="checkbox"/> <u>3.5</u>	<input 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

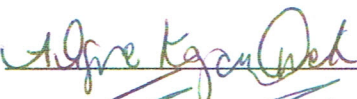
Additional Comments:

Goals (as agreed upon by employee and manager)


- Take on Training responsibilities
- Seek and acquire "leadership" positions
- Do a body building show

Date of next review: 1-12-16

Verification of Review

Employee Signature: 

Date: 3/25/2015

Manager Signature: 

Date: 3-25-15

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.