



# HR 400 Hour Employee Performance Review

Employee Information	
Name: <u>Angele Trumbler</u>	Date: <u>11-18-14</u>
Job Title: <u>Production Technician</u>	Supervisor: <u>Andrew</u>
Department: <u>Manufacturing</u>	M - Angela
Review Period   From: <u>8-18-14</u> To: <u>11-18-14</u>	

Ratings					
	1 = Poor	2 = Needs Improvement	3 = Satisfactory	<del>3</del> <sup>4</sup> = Good	<del>4</del> <sup>5</sup> = 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)	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px; width: 45%;">Inspection Certified</div> <div style="border: 1px solid black; padding: 5px; width: 45%;">Learn other Operations</div> </div>
Date of next review: <u>8-18-15</u>	



# HR 400 Hour Employee Self Evaluation

Employee Information	
Name:	<u>Angela Trumbula</u>
Date:	<u>11.17.14</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 checked="" type="checkbox"/>	<input 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:					
Any other comments, questions, concerns, ideas...					
<u>Seeing more parts before working on piles of parts at Inspection Training</u>					



HR 400 Hour Employee  
Performance Review

Verification of Review

Employee Signature: Angela Yumlel

Date: 11-19-14

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.*