

Manager Review Form

Employee Management Resource

Name: _____ Period Covered: _____

Date of Hire: _____ Date of Review: _____

Current Pay Rate _____ Reviewed by: _____

Rate these items on a scale of 1-10 (1-3=poor, 4-6=satisfactory, 7-9=good, 10=excellent)

Communication	1 2 3 4 5 6 7 8 9 10
Cross-training	1 2 3 4 5 6 7 8 9 10
Technical skills	1 2 3 4 5 6 7 8 9 10
Attendance & punctuality	1 2 3 4 5 6 7 8 9 10
Problem-solving & decision making	1 2 3 4 5 6 7 8 9 10
Attitude	1 2 3 4 5 6 7 8 9 10
Personal appearance	1 2 3 4 5 6 7 8 9 10
Overall job satisfaction	1 2 3 4 5 6 7 8 9 10
Leadership skills	1 2 3 4 5 6 7 8 9 10
Team building	1 2 3 4 5 6 7 8 9 10

Strengths:

Weaknesses:

Opportunities:

Threats:

Signature: _____, on _____
(employee) (date)

Supervisor/Manager Signature: _____