

PERFORMANCE TRACKING

Review Period: Q____ 202__

Employee Name: _____

Department: _____

Reviewer Name: _____

Date of Review: _____

**KEY PERFORMANCE
AREA**

**RATING
(1-5)**

OBSERVATIONS & SPECIFIC EXAMPLES

Job Knowledge & Skill

Quality of Work

Communication

Reliability / Attendance

Initiative & Innovation

GROWTH GOALS FOR NEXT PERIOD

Manager Signature

Employee Signature