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| STAFF EVALUATION FORM | | | | | | | |
|  | |  | | |  |  | |
| Employee Name: | | |  | | | | |
| Job Title & Department: | | |  | | | | |
| Supervisor/Manager’s Name: | | |  | | | | |
| Evaluation Period (From – To): | | |  | | | | |
| Date of Evaluation: | | |  | | | | |
|  | |  | | |  |  | |
| **Performance Criteria** *(use the following rating scale):* | | | | | | | |
| 1 – Poor | 2 – Needs  Improvement | | | 3 – Meets  Expectations | 4 – Exceeds Expectations | | 5 – Outstanding |
|  | |  | | |  |  | |
| **Criterion** | | **Description** | | | **Rating**  **(1 – 5)** | **Comments** | |
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| TOTAL RATING SCORE: | | | | |  |  | |
|  | |  | | |  |  | |
| Manager’s Comments: | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Employee Signature: | |  | | | Date: |  | |
| Manager’s Signature: | |  | | | Date: |  | |
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