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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: |  |  |
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| Manager’s Comments: |
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|  |
| Employee Signature: |  | Date: |  |
| Manager’s Signature: |  | Date: |  |
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