



EMPLOYEE PERFORMANCE APPRAISAL FORM

Date of Appraisal	
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Employee Details:

Employee Name	
Department	

You need to evaluate your member of staff using the following:

A- Excellent
 B-Good
 C-Average
 D-Needs improvement

Please Tick The Relevant Boxes Below:

	Attendance	Timekeeping	Standard of Work	Attitude to work	Motivation
A					
B					
C					
D					

	Yes/No	Comments
Welding Incidents		
Welding Excellence		
Warnings		

Assessor's Name	
Position	
Signature	