5741 Old Hwy 61

Duluth, MN 55810

(218) 624-1234 (Voice) (218) 624-0559 (Fax) (email)

Employee Self-Evaluation

Employee ID or SSN:	:			·	Date:	10/29/13
		(Middle)		(last)		
Street Address:	,	(10114010)		((Telephone No.	
0.000.7.100.000.					Mobile Phone No.	
City, State, Zip Code:	*******				Mobile Filone No.	
Date of Current Evalua	ition:	Date o	of Last Evaluation:			
5 = Excellent /	4 = Above Avera	Enter a rating using t ge / 3 = Average / 2 = Ne	the following scale: eds Improvement /	1 = Una	cceptable / 0 = Not Applicable	RATING
My attendance record a	and punctuality are sa	tisfactory:				
I have a good working	relationship with my o	o-workers:				
I consistently complete	tasks on time:					
I consistently complete	tasks accurately:					
I follow all company reg	gulations:	- 144 V - 114				
I appreciate tasks that e	expand my knowledge	and ability:				
I work efficiently withou	ut supervision:					
I have all the informatio	n and skills needed to	perform my tasks:				
	<u>, , , , , , , , , , , , , , , , , , , </u>		·			
	*************************************				Total Rating:	
			·		Total Rating.	
Noteworthy accomplish	nments this period:					
Tasks completed this p	eriod that could be im	proved:				
I plan to improve my pe	erformance hy:				1.1.11111111111	
r plati to improve my pe	monnance by.					
					<u> </u>	
Additional comments:						
	Succession of	5	Market Control of State of St			
Employee Signature:	frank frank			many pro-	Dale: October 29	, 2013
		unantitist assassa area anno anno anno anno anno anno anno an	ana alamahan karanan mana karikan	<u> Seleke</u>	elianistineterraturaturaturaturaturaturaturaturaturat	
Aatrix Rev. 6/6/12					Y M	
					₹ Section 1	

St. Germain's Cabinet Inc.

5741 Old Hwy 61

Duluth, MN 55810

(218) 624-1234 (Voice) (218) 624-0559 (Fax) (email)

	Employee Performan	ce Evalua	tion	
Employee ID or SSN: Employee Name:			Date:	10/29/13
Street Address:			none No	
City, State, Zip Code:				,
Position: Date of Last Evaluation:	Department: Reason for this Evaluation:			
Follows Rules and Procedures:				
Job Performance:				
Attendance:				
Initiative:		***************************************		•••
Teamwork:				
Attitude:				_
Communication Skills:		,,,,,		
Areas requiring improvement:			. ,	
Action plan for improvement:				
Employee's Comments:				
Evaluator's Recommendation:				
Employee's Signature:		Date:	October 2	9, 2013
Evaluator's Signature:		Date:	October 2	9, 2013
Evaluator's Typed Name:				

St. Germain's Cabinet Inc.

5741 Old Hwy 61

Duluth, MN 55810

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	Performance (Objectives	
Employee ID or SSN: Employee Name: (First)	(Middle)	(Last)	Date: 10/29/13 (Suffix)
Street Address:	(1100)	124017	Telephone No.
·			Mobile Phone No
City, State, Zip Code:	- Applications		

This Performance Objectives form is intended to be used twice. The first time used, fill out the columns; *Performance Objectives* (include departmental, personal and professional development goals), *Action Plan* (to achieve performance objectives), and *Time Frame* (for when each goal is to be met). The second time it is used will be to assess the progress made using the column, *Evaluation of Performance*.

	Performance Objectives	Action Plan	Time Frame	Evaluation of Performance	
1					
2					
3					
4					
5					
6					
	oyee's Signature:	Date:	Date:		
Evalu	Evaluator's Signature: Date:				