

PERFORMANCE REVIEW

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EMPLOYEE NAME	EMPLOYEE SSN OR BADGE NO.	PERIOD COVERED
TITLE	DEPARTMENT	APPRAISER NAME

1=Outstanding 2=Excellent 3=Fully Successful 4=Acceptable 5=Unacceptable

APPRAISAL CONTRIBUTORS:

1) **JOB ACCOMPLISHMENTS:** (Cite specific evidence of achievement vs objectives using quantifiable data and/or critical incidents)

Rating

2) **TEAM COMPETENCIES:** (Cite specific evidence of strengths and weaknesses in areas such as: Creating a work environment of cooperation and harmony, working well with others to maximize team objectives)

Rating

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3) LEADERSHIP/COACHING COMPETENCIES: (Cite specific evidence of skills in areas such as: Identifying desired outcomes and developing plans to accomplish them; entrusting employees with responsibility and authority; training, coaching and developing others)

Rating

4) JOB SKILLS: (Address both breadth (versatility) and depth (criticality) of skills. Specify changes in skills during this period)

VERSATILITY:

CRITICALITY

Rating

5) ETHICS AND BUSINESS CONDUCT: (Describe the employee's promotion of and adherence to the Ethics and Business Conduct and Compliance Program)

OVERALL RATING: (Check one)

OUTSTANDING - Consistently exceeds expected results. Work methods are rated as exemplary.

EXCELLENT - Usually exceeds expected results. Work methods are rated as superior.

FULLY SUCCESSFUL - Meets and sometimes exceeds expected results. Work methods are recognized as satisfactory.

ACCEPTABLE - Meets expected results for most job elements. Work methods improvements are necessary in some areas

UNACCEPTABLE - Seldom meets expected results. Work methods impact negatively on others and must be improved.

DEVELOPMENT NEEDS: (Describe the key competencies and performance factors the employee needs to further develop. Also describe specific behaviors to improve/change)

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MANAGER COMMENTS ON EMPLOYEE CAREER INTERESTS:

ACTION PLAN TO ADDRESS GROWTH AND DEVELOPMENT:

EMPLOYEE COMMENTS:

Employee's signature indicates that an appraisal discussion has occurred and confirms the employee's commitment to the Corporations Code of Ethics and Standards of Conduct.

Employee Signature/Date

Next Level Manager (or above) Signature/Date

Appraiser Signature/Date

Printed Next Level Manager (or above) Name

Human Resources Signature/Date

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EMPLOYEE NAME	EMPLOYEE SSN OR BADGE NO.	PERIOD COVERED
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ADDITIONAL COMMENTS OR INFORMATION CONTINUED FROM PREVIOUS SECTIONS

(Include appropriate section title)

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