



EVALUATION FORM

EMPLOYEE: _____

FOREMAN: _____

COMPANY/POSITION: _____

JOB STEWARD: _____

DATE OF EVALUATION: _____

LENGTH OF SERVICE: _____

SAFETY Consider the manner in which the employee views
and practices safe work procedures. Supports
safety programs, etc.
Factor rating one to five (1 – 5) A _____

QUANTITY Consider the volume of work produced under
OF WORK normal conditions, disregard errors.
Factor rating one to five (1 – 5) B _____

QUALITY OF Consider neatness, accuracy and dependability
WORK of results, regardless of volume.
Factor rating one to five (1 – 5) C _____

INITIATIVE Consider the tendency to contribute, develop
and/or carry out new ideal or methods.
Factor rating one to five (1 – 5) D _____

DEPENDABILITY Consider attendance, punctuality and reliability
(ie. doing work with little Supervision).
Factor rating one to five (1 – 5) E_____

CO-OPERATION Consider attitude towards co-workers, general
Public and ability to work with others.
Factor rating one to five (1 – 5) F_____

RATING **1 = UNSATISFACTORY** **5 = HIGHLY SATISFACTORY**

Obtain Total Points by adding up scores in boxes A – F (inclusive). **TOTAL POINTS:** _____

Foreman/Supervisor's Comments following this Evaluation:

Foreman's Signature

Job Steward's Signature