



- |  |  |                                      |                                      |
|--|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Delavan Ford  | <input type="checkbox"/> Mt. Carroll   | <input type="checkbox"/> Oregon      | <input type="checkbox"/> Monmouth    |
| <input type="checkbox"/> Delavan Chevy | <input type="checkbox"/> Macomb        | <input type="checkbox"/> Morrison    | <input type="checkbox"/> Stoughton   |
| <input type="checkbox"/> Elkhorn GM    | <input type="checkbox"/> Sterling Ford | <input type="checkbox"/> Q- Honda    | <input type="checkbox"/> Woodstock   |
| <input type="checkbox"/> Elkhorn CDJR  | <input type="checkbox"/> Sterling CDJR | <input type="checkbox"/> Q - Hyundai | <input type="checkbox"/> Kunes Mgmt. |
| <input type="checkbox"/> Antioch       |  |                                      |                                      |

### EMPLOYEE INFORMATION

Name	Employee ID
Job Title	Date
Department	Manager
Review Period	to

### RATINGS

	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
<b>Job Knowledge</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
<b>Work Quality/Productivity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
<b>Attendance/Punctuality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
<b>Initiative/Determination</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
<b>Customer Service</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
<b>Dependability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
<b>Overall Rating</b> <i>(average the rating numbers above)</i>					

### EVALUATION

ADDITIONAL COMMENTS

GOALS  
*(as agreed upon by  
employee and manager)*

### VERIFICATION OF REVIEW

*By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.*

Employee Signature	Date
Manager Signature	Date