

Employee Review Form

Employee Name _____ Date _____ Hire Date: _____ Position: _____

Review conducted by _____ Current rate of pay: _____

Type of review – _____ New Employee 30 day or _____ 90 day or _____ 180 day or _____ Annual

1. What have you seen while working here that needs improvement? How can we improve this company?
2. What do you like best about working here?
3. What's the most frustrating part of working here?
4. How long do you plan on working here? Why?
5. What could happen that would make you leave this company?
6. What do you plan on doing to become a more valuable team member between today and your next review?
7. How do you feel about your pay (benefits)?

Recommendation by the reviewer:

_____ Keep Employee. They have satisfied job requirements.

_____ Keep Employee: training & performance improvement required for advancement. Add comments:

_____ Terminate Employee: Reason for recommendation: