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Temporary Assignment - 90 Day Performance Review

(Manager/Lead to Complete)

Name: _____ Department: _____

Current Date: _____ Start Date of Temporary Assignment: _____

Title: _____

Current Evaluation Period: From: _____ To: _____

Current Evaluator Name/Title: _____

Work Performance

Work Performance	1. Unacceptable	2. Fair		
	3. Good	4. Superior		
Team Work Skills	Comments	1	2	3 4
The ability to develop relationships with co-workers and to contribute to group solutions. The effort put forward to making our company a better place to work for everyone.				
Quality of Work	Comments	1	2	3 4
The value of work produced and the thoroughness, accuracy, neatness, and acceptability of the work completed. Ability to work under pressure and learn from previous mistakes. Accurately checking processes and tasks and handling issues in a timely manner.				
Quantity of Work	Comments	1	2	3 4
The quantity of work produced and accuracy and acceptability of the work completed. The ability to work at quick rates of speed, under pressure, while producing accurate outcomes.				
Judgment and Decision Making	Comments	1	2	3 4
The ability to think logically and practically before making decisions. Use of independent thought, originality, and reasoning. Ability to prioritize work and timely implementation of workable solutions to problem. The ability to handle confidential information.				

Work Performance	1. Unacceptable 3. Good	2. Fair 4. Superior
Initiative	Comments	1 2 3 4
The demonstrated willingness to make significant contributions with little direction, voluntarily start projects, attempt non-routine jobs and tasks. Energy, enthusiasm, and ingenuity. The exercise of judgment and independent actions within limits of authority. The degree to which this person is self-starting and proactive.		
Dependability/Punctuality	Comments	1 2 3 4
The thoroughness demonstrated in following through on assignments and instructions in a reliable, trustworthy, and timely manner. Overall attendance and adherence to work schedules, office hours.		

Progress

How well has this person integrated into current position?

Overall Results of Performance Appraisal

Based upon the evaluation, this person has the knowledge and skills that meet the qualifications for this position. The overall performance rating is:

_____ Exceeds Standards: Superior performance in meeting objectives.

_____ Meets Standards: Satisfactory performance in meeting objectives.

_____ Meets Minimum Standards: Minimum performance in meeting objectives.

_____ Below Standards: Unacceptable performance in meeting objectives.

Signatures:

Reviewer

Date

Reviewee

Date

(Reviewee to complete)

Name: _____ Department: _____

Current Date: _____ Title: _____

Check appropriate answers and comments to below.

Do you understand the requirements of your job? Yes Partly No

Do you feel your training has been adequate to successfully complete your job? Yes Partly No

Do you have opportunities to discuss your work and objectives with your lead/manager? Yes Partly No

Would you like to have more informal meetings with your lead/manager than currently? Yes Partly No

Do you have any skills, aptitudes, or knowledge not fully utilized in your job? _____
If so, what are they and how could they be used? _____

Is there any special help or “coaching you would like from your lead/manager? _____

How well does your position satisfy your personal/professional goals? _____

What training, career, or future job opportunities are of interest to you? _____

Please summarize your thoughts/feelings about your assignment with our company. _____

Additional remarks, notes, questions, or suggestions. _____

Reviewee’s Signature

Date

REVISION HISTORY

Rev.	ECO No.	Revision date	Revised by:	Description of Change
Rev.A				First document
Rev.B				
Rev.C				
Rev.D				
Rev.E				