



**Performance Appraisal
Hourly Non-Exempt Associates**

ASSOCIATE NAME:	
AREA:	POSITION:
SUPERVISOR:	DATE:

INSTRUCTIONS: Consider each factor in relation to performance on present position and check appropriate box opposite each factor. Explain each rating in the remarks space.

	Far Exceeds Job Requirements	Exceeds Job Requirements	Meets Full Job Requirements	Less Than Full Job Requirements	Consistently Less Than Full Job Requirements
1. JOB KNOWLEDGE: Understanding of normal job requirements and related functions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remarks:					
2. ALERTNESS: Quickness to grasp and interpret instructions, new situations, methods and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remarks:					
3. DEPENDABILITY: Reliability in following through on assignments and instructions. Meets deadlines.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remarks:					
4. INITIATIVE: Follows instructions without close follow-up. Performance in the face of obstacles.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remarks:					
5. QUALITY: Work is neat, thorough, and accurate. Works for continuous quality improvement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remarks:					
6. QUANTITY: Volume of work performed under normal conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remarks:					
7. COOPERATION: Ability and willingness to work with coworkers and supervisors toward common goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Remarks:					
8. SAFETY: Understands, plans and applies safe practices at work.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remarks:					
9. HOUSEKEEPING: Work is neat, work area is kept clean and good housekeeping procedures are continuously applied.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remarks:					
10. ATTENDANCE: Conscientiousness toward attendance, punctuality, meal/rest breaks, etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remarks:					

EXAMPLE

FILL OUT YOUR FORMS ON THE COMPUTER!!

PERFORMANCE SUMMARY

Considering the associate's performance relative to the job requirements, rate associate's overall job performance in present position.

**Far Exceeds
Job Requirements**

**Exceeds
Job Requirements**

**Meets Full
Job Requirements**

**Less Than Full
Job Requirements**

**Consistently Less Than
Full Job Requirements**

Remarks:

STRENGTHS

List strongest aspects of associate's present job performance.

WEAKNESSES AND RECOMMENDATIONS FOR IMPROVEMENT

List areas that associate can improve upon and recommendations to assist associate in making those improvements.

GOALS AND TRAINING

List goals and additional training needed through the next appraisal period.

EXAMPLE

ASSOCIATE COMMENTS

Associate is encouraged to describe reaction to appraisal, feelings about current position, future plans, steps being taken to reach goals, etc. Additional page(s) may be attached if necessary.

By my signature below, I acknowledge that I have received my performance appraisal, all items covered have been fully discussed with me and I have been encouraged to make comments. I understand that my signature does not imply that I am in full agreement with the appraisal.

ASSOCIATE:	Signature	Print Name	Title	Date
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REVIEW MADE BY:	Signature	Print Name	Title	Date
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REVIEW APPROVED BY:	Signature	Print Name	Title	Date
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FILL OUT YOUR FORMS ON THE COMPUTER!!