



3 Month Performance Review			
Employee Name		Department	
Position Title		Reviewer Name	
Employee Start Date		Today's Date	
CHARACTERISTICS			
Quality	Unsatisfactory	Satisfactory	Excellent
Work Environment			
Job Knowledge			
Customer Service			
Teamwork			
Accountability/Flexibility			
Quality of Work			
Quantity of Work			
Communication			
Resourcefulness			
Interpersonal Relations/Diversity			
Punctuality/Dependability			
Planning/Organizing			
GOALS / AREAS OF GROWTH OR CONCERN			
EMPLOYEE COMMENTS			
Approval			
Employee Signature		Reviewer Signature	
<b><i>This review must be returned to the Human Resources Office upon completion.</i></b>			

