

  
**Evaluation Report**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Job Description: \_\_\_\_\_

Categories:

Availability \_\_\_\_\_

Dependability \_\_\_\_\_

Job Knowledge \_\_\_\_\_

Credentials (Updated) \_\_\_\_\_

S= Satisfactory

NS= Not Satisfied

N/A Not Applicable

Comments or Concerns:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lori Mirabella  
Business Manger

\_\_\_\_\_  
Date

\*\*\*\*\*PLEASE SIGN AND RETURN\*\*\*\*\*