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 Date

Business Manger

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