**Employee Information**

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| Full Name: |  | | |
| Employee ID: |  | Department: |  |
| Position: |  | Date of Evaluation: |  |

**Evaluation Criteria**

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| --- | --- | --- | --- | --- | --- | --- |
| **Policy Adherence (Compliance with Company Policies)** | | | | | | |
| Demonstrates understanding and adherence to company policies. | | | | |  | |
| Follows established procedures and guidelines. | | | | |  | |
| Reports and addresses any policy violations. | | | | |  | |
| Maintains confidentiality and integrity of company information. | | | | |  | |
| **Evaluator’s Comments:** |  | | | | | |
|  | | | | | |
| **Rating:** | ☐ Excellent | ☐ Good | ☐ Satisfactory | ☐ Needs Improvement | | ☐ Unsatisfactory |

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| **Legal Compliance (Understanding of Legal Requirements)** | | | | | | |
| Demonstrates knowledge of relevant legal regulations. | | | | |  | |
| Ensures activities and practices are within legal boundaries. | | | | |  | |
| Participates in mandatory legal training sessions. | | | | |  | |
| Reports any legal concerns or violations promptly. | | | | |  | |
| **Evaluator’s Comments:** |  | | | | | |
|  | | | | | |
| **Rating:** | ☐ Excellent | ☐ Good | ☐ Satisfactory | ☐ Needs Improvement | | ☐ Unsatisfactory |

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| **Safety Compliance (Adherence to Safety Protocols)** | | | | | | |
| Follows all safety procedures and guidelines. | | | | |  | |
| Participates in safety training and drills. | | | | |  | |
| Uses personal protective equipment (PPE) appropriately. | | | | |  | |
| Reports safety hazards and incidents immediately. | | | | |  | |
| **Evaluator’s Comments:** |  | | | | | |
|  | | | | | |
| **Rating:** | ☐ Excellent | ☐ Good | ☐ Satisfactory | ☐ Needs Improvement | | ☐ Unsatisfactory |

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| **Overall Compliance and Adherence** (**General Observations)** | | | | | | |
| Strong commitment to compliance and adherence. | | | | |  | |
| Acts as a role model for peers in following policies and safety protocols. | | | | |  | |
| Continuously seeks to improve understanding and application of compliance measures. | | | | |  | |
| **Evaluator’s Comments:** |  | | | | | |
|  | | | | | |
| **Rating:** | ☐ Excellent | ☐ Good | ☐ Satisfactory | ☐ Needs Improvement | | ☐ Unsatisfactory |

**Evaluator’s Summary and Recommendations**

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| --- | --- |
| **Summary of Performance:** |  |
|  |
| **Areas for Improvement:** |  |
|  |
| **Recommended Actions:** |  |
|  |

**Acknowledgment**

**Employee’s Comments:**

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| **Employee’s Signature:** | | Signature | **Date:** | (DD/MM/YYYY) |

|  |  |
| --- | --- |
| Evaluator’s Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee’s Signature:** | Signature | **Date:** | (DD/MM/YYYY) |