



PERSONNEL ACTION NOTICE

FIDELITY - PAN-0001

NAME OF EMPLOYEE: \_\_\_\_\_ DATE PREPARED: \_\_\_\_\_

POSITION: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

DATE HIRED: \_\_\_\_\_ STATUS: \_\_\_\_\_

	FROM	TO
BASIC SALARY		
POSITION		
LEVEL		
DEPARTMENT		
STATUS		
REMARKS		
EFFECTIVITY:		

PREPARED BY:

APPROVED BY:

\_\_\_\_\_  
HEAD OF PERSONNEL

\_\_\_\_\_  
CHIEF OPERATING OFFICER

CONFORME:

\_\_\_\_\_  
EMPLOYEE

# PERFORMANCE EVALUATION FORM

**OBJECTIVES:** This evaluation aims to give a broader perspective in appraising the performance of the candidates being considered to assume a higher level position. This tool would help ensure the competency of the candidate based on 3 vital criteria.

Name of Employee:  
 Position :  
 Period of evaluation:

Date Hired:  
 Present Salary:

Please rate the personnel for each of the criteria listed below by checking the box in each item.

## **I. WORK ATTITUDE (75 %)**

<b>Criteria</b>	<b>100% Excellent 5</b>	<b>80% Very Good 4</b>	<b>60% Good 3</b>	<b>40% Fair 2</b>	<b>20% Poor 1</b>
1. Regularity in attendance & Promptness in reporting for work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Willingness to accept additional responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ability to learn new things and follow instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Accurateness of completed assigned tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Accomplishes task/submission of reports on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Proper and effective use of equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **II. PERSONAL TRAITS (20%)**

<b>Criteria</b>	<b>Excellent 5</b>	<b>Very Good 4</b>	<b>Good 3</b>	<b>Fair 2</b>	<b>Poor 1</b>
1. Teamwork and cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Industriousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Bearing & Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Enthusiasm and positivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **III. Relations (5%)**

<b>Criteria</b>	<b>Excellent 5</b>	<b>Very Good 4</b>	<b>Good 3</b>	<b>Fair 2</b>	<b>Poor 1</b>
1. Demonstrate harmonious & cordial relations with co-employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Respect to Superiors & co-workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Score and Percentage Summary:**

91 % - 100 % - Excellent  
 90 % - 76 % - Very Good  
 75 % - 65 % - Good  
 64 % - 50 % -

**Passing Percentage**

**PART II- ASSESSMENT & RECOMMENDATIONS**

To be filled up by the Rater

STRENGTHS	AREAS FOR IMPROVEMENT	DEVELOPMENT PLAN

Appraisee's Space:

1. State your accomplishments/ contributions or highlights with the current position you are occupying. (You may use another sheet for the enumeration if you need one).
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_

2. State your failures or short comings in the performance of your duties and responsibilities with current position and your plans for improvement.

**Recommendations** (If Applicable)

- ( ) For Promotion \_\_\_\_\_
- ( ) For Merit Increase \_\_\_\_\_
- ( ) Others, specify \_\_\_\_\_

	Name in Print	Signature	Date
Employee's Signature (Appriasee)			
Immediate Supervisor (Appraisor)			
Department Head			

Approved By:  _____ Chief Operating Officer	Remarks:   
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\_\_\_\_\_ Date Accomplished