WEEKLY PERFORMANCE **REVIEW**

COASTAL SPRAY
SAFETY · ENVIRONMENT · QUALITY

EMPLOYEE INFORMATION		
EMPLOYEE NAME:	**EMPLOYEE ID:**	**DATE:**
POSITION TITLE:	**REVIEW MEETING DATE**:	

PERFORMANCE FACTORS

Instructions: This performance evaluation is a critical tool for assessing your employees' contributions. Please mark each criterion with **ER** for 'Exceeds Requirements', **ME** for 'Meets Requirements', or **BE** for 'Below Requirements'

PERFORMANCE ATTRIBUTE	ER	MR	BR	COMMENTS
Communication	☐	☐	☐	
String Trimmer	☐	☐	☐	
Problem Solving	☐	☐	☐	
Safety	☐	☐	☐	
Knowledge of Herbicides	☐	☐	☐	
ZTR Use	☐	☐	☐	
Decision Making	☐	☐	☐	
Quality of Work	☐	☐	☐	
Assertiveness	☐	☐	☐	
OVERALL RATING	☐	☐	☐	

NOTES:_____

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SIGNATURES

EMPLOYEE'S SIGNATURE: _____ **DATE:** _____

MANAGER'S SIGNATURE: _____ **DATE:**_____