



Name Job title

Reviewer..... Store

Date of appraisal ____/____/____

Staff appraisal form

Three copies of this form are to be completed for the Staff Appraisal – 1 by the staff member, 1 by reviewer / manager and 1 together during the assessment. The cooperation of all parties is essential to this process – questions are to be answered as honestly as possible and backed up with evidence when possible. Tick which most relates to how you feel you perform, 1 for poor to 10 for excellent.

1. Job description (to be agreed with the employee)

2. What are your key duties and responsibilities?

3. Thinking about the past 6 months:

What has gone well? What are your achievements?

What hasn't gone well? What are your disappointments?

4. Assessment of performance (tick as appropriate)

	1	2	3	4	5	6	7	8	9	10
How do you rate your attendance?										
How do you rate your punctuality?										
How do you rate your appearance?										
How do you rate your customer service skills?										
How well do you know your tasks /duties?										
How efficiently to you carry out your tasks / duties?										
How well do you participate when working as a team?										
How do you rate your attitude towards Staff Members?										
How do you rate your attitude towards Customers?										
How do you rate your attitude towards Line Managers?										
Do you feel you have sufficient knowledge and receive adequate training for Health & Safety?										
How do you fee you are progressing?										

Total score		Your score
Excellent	Score of 108+	
Good	Score of 72+	
Satisfactory	Score of 48+	
Unsatisfactory	Score of 12+	

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Staff appraisal form continued

Employee Comments

Employer Comments

Targets/Next steps

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