

EMPLOYEE EVALUATION

Sales Associates

Done By Manager: _____ LOCATION: _____

Manager's Name: _____ Sales Associate's Name: _____

Date of Evaluation: _____ Length of Employment: _____

PART I. EVALUATION AREA	Column 1 Good	Column 2 Needs Improvement
Teamwork		
Customer Service		
Enthusiasm		
Initiative		
Reliability		
Attendance		
Lateness		
Production Level		
Professionalism		
Appearance		
Telephone Etiquette		
Knowledge of Merchandise		
ABILITY TO:		
Follow Instructions		
Take Constructive Criticism		
Work Within Rules/Guidelines		
Cashier		
Merchandise		
Display		
Communicate		
Motivate Self/Others		
Areas Not Listed Above:		

PART II.

Plan to improve Part I., Column 2. (Use and Attach additional pages if necessary.)

Length of time taken to discuss this evaluation: _____

Length of time given to improve Part I., Column 2: _____

Date for review of improvement: _____

Manager's Signature: _____

Sales Associate's Signature: _____

Comments: Use other side of form if necessary. Write, "See other side of form," if you use the other side.