

HOTEL REMBRANDT
EMPLOYEE APPRAISAL
Strictly Confidential

This form must be completed by the
 HoD/Supervisor as stated and returned
 to the GM

Name:

Position:

Dept:

D.O.C.

3rd Week Appraisal

3rd Month Appraisal

ATTENDANCE RECORD

1. No. Times Late since Commencement _____
2. No. Times Sick Since Commencement _____
3. No. Days Absent _____

ASSESSMENT

1. Are you satisfied with employee's **Ability** YES/NO
2. Are you satisfied with employee's **Attendance** YES/NO
3. Are you satisfied with employee's **Conduct** YES/NO
4. Are you satisfied with their **Manner/Relationships** YES/NO

PROCEDURES

1. Was the employee formerly *inducted* YES/NO
2. Was the employee given *On the Job Training* YES/NO
3. Were *References* checked YES/NO

DECISION

Do you wish the employment to be continued after 28 days YES/NO

If dismissed, please state reason briefly

Signature HoD _____ Signature Employee _____

COMPLETED FORM TO BE RETAINED IN PERSONNEL FOLDER Date _____

A. GENERAL ASSESSMENT (Mark from '5' = good to '1' = poor)

Timekeeping _____ Attendance _____
 Reliability _____ Attitude to Job _____
 Attitude to Colleagues _____ Honesty _____
 Job Knowledge _____ Responsibility _____

TOAL _____ (suggest a minimum of 24 points if to remain in this job)

IF RETAINING EMPLOYEE, Complete section 'B' but not 'C'

B. GENERAL PERFORMANCE

What noticeable *improvements* has the employee shown in the last 3 months?

Identify any unsatisfactory aspects of the employee's performance

What recommendations/action will you take to improve the situation?

C. TERMINATED

If employee is dismissed what is the main reason?

Signature HoD _____ Signature Employee _____

Date _____