EMPLOYEE EVALUATION



Date Evaluated:		Location:	
Employee:		Position:	
Evaluator:		Supervisor:	
Time On Location:			
		Rating Scale	
1 (low)-10 (high) 5= Ave	erage Any mark b	elow <u>5</u> must be explained below in COMMENTS SECTION	<i>I</i>
APPEARANCE & GROOMING	Yes No	PERFORMANCE / ATTITUDE (Rank on 1 - 10 sca	ıle)
Uniform Overall Condition OK?		Attitude	
Uniform Pants Look Good		Shows Initiative (looks for things to do)	
Uniform Shirt Looks Good		Does work without constant prompting	
Shirt Tucked in, Wearing Belt		Follows instructions to best of ability	
Safety Shoes Are Worn		Accepts correction in positive manner	
SONOCO Cap is Worn		Shows good hospitality to customers	
Length of Hair is to Standard		Overall Work Performance	
Personal Hygiene to Standard		Participates in Safety Programs	
Is Clean Shaven		Follows safe work procedures	
is cicuit shaven		- Tollows sure work procedures	
STEWARD / RELIEF STEWARD / N	IGHT COOK / BAK	KER (rank on 1 - 10 scale)	
Self Motivated		Meal presentation	
Shows Effective Leadership		Location cleanliness	
Displays Customer Focus		Laundry procedures correct	
Safety Leadership		Proper Grocery Ordering	
Meal Presentation		Paperwork correct / done daily	
Communications with Office		Menu used / adequate for job	
Coments			
- Fugluatoris Signatura	Data	- Employee Cigneture	Data
Evaluator's Signature	Date	Employee Signature	Date
	= '	accident has occurred to me in this pay period. I confirm	if any
accident has occurred it has been re	eported to my supe	ervisor immediately.	
Employee Signature:		Date:	