



# Loma Linda Veterans Association for Research

PO Box 1280, Redlands, CA 92373-0421

909.583.6250; 909.801.5190 Fax

[humanresources@llvare.org](mailto:humanresources@llvare.org)

## Work Performance Review

Employee Signature and Supervisor Signature is required on this form. Please print sign and return to LLVARE Office.

Employee Name \_\_\_\_\_ Date of Review \_\_\_\_\_  
 Position/Title \_\_\_\_\_ Department \_\_\_\_\_  
 Reviewing Manager \_\_\_\_\_ Date of Last Review \_\_\_\_\_

### Performance Rating

**1** Fails to Meet Standards

**2** Fully Meets Standards

General Performance Factors	Rating	Comments (Supervisors, please limit comments.)
Quality- Degree to which finished assignments are done accurately, completely and in accordance with guidelines.		
Quantity- Amount of work produced by employee as compare with the expected standard for this position.		
Dependability- Employee's reliability in completing assignments within established deadlines and schedules. Also, employee's consistency in attendance and meeting other general work rules.		
Initiative- Extent to which employee sees what needs to be done and does without being told. Includes helping other employees, departments, and customers.		
Organizational & Team Relationships- Effectiveness of peer, customer and supervisory relationships. Includes courtesy and sincerity in dealing with others, willingness to follow guidance from supervisor, etc.		
Future Work Goals (Indicate factors/ goals of special importance to this position)		

**What can the employee do (within performance of current position) that would enhance his or her contribution to LLVARE?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### What is the employee's longer-term objective for employment with the company/organization?

Remain in Current Position \_\_\_\_\_  
 Transfer to another position of comparable responsibility (specify desired position) \_\_\_\_\_  
 Promotion to higher level responsibility (specify desired position) \_\_\_\_\_  
 Other objectives(explain): \_\_\_\_\_

### Signature

Supervisor or Reviewer Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature\*\* \_\_\_\_\_ Date \_\_\_\_\_

\*\*Acknowledges receipt only. Comments can be provided on this form or on a separate sheet if desired.