

| | | | |
|-------------------------|----------------------------|------------------------|-------------------------|
| Form Number LLCF-020 | Issue Date 11/18/09 | Revision Date 06/15/21 | Form Number LLCF-020 |
| | Employee Evaluation | | |

Employee: _____

Employee # _____

Department _____

Job Title/Duties _____

Date of Review: _____

Date of Last Review _____

Performance Appraisal Ratings

1. **Quality of Work** Consider the quality of work produced and the promptness with which it is completed.

- Exceeds Meets Needs Improvement

2. **Productivity** Consider the ability to produce quantity of accepted work which meets company standards.

- Exceeds Meets Needs Improvement

3. **Knowledge of Job** Consider the knowledge of present job, of other work closely related to it and of the equipment necessary to perform job functions.

- Exceeds Meets Needs Improvement

4. **Reliability and Dependability** Consider the amount of supervision required, and the job performance regarding timely completion and follow-up.

- Exceeds Meets Needs Improvement

5. **Attendance** Consider overall attendance records and punctuality

- Exceeds Meets Needs Improvement

6. **Initiative** Consider the extent to which new work assignments and additional duties are sought out when necessary.

- Exceeds Meets Needs Improvement

| | | | |
|-------------------------|----------------------------|------------------------|-------------------------|
| Form Number LLCF-020 | Issue Date 11/18/09 | Revision Date 06/15/21 | Form Number LLCF-020 |
| | Employee Evaluation | | |

7. **CREATIVITY** Does he/she generate ideas to save money and/or make job tasks or duties easier?
 Exceeds Meets Needs Improvement

8. **WORKING RELATIONSHIPS** Does he/she has and promotes good working relationships between departments, customers, etc.?
 Exceeds Meets Needs Improvement

9. **ADHERANCE TO COMPANY POLICIES** Does he/she adhere to company policies; does he/she walk-the-walk?
 Exceeds Meets Needs Improvement

10. **HSE PERFORMANCE** Consider employees input and involvement in HSE/LIFE program.
 Exceeds Meets Needs Improvement

Other Comments: _____


Employee Name: _____ **Employee Title:** _____

Employee Signature: _____ **Date:** _____

Supervisor Name: _____ **Supervisor Title:** _____

Supervisor Signature: _____ **Date:** _____

| | | | |
|-------------------------|----------------------------|------------------------|-------------------------|
| Form Number LLCF-020 | Issue Date 11/18/09 | Revision Date 06/15/21 | Form Number LLCF-020 |
| | Employee Evaluation | | |

| | | |
|---|-----------------------------------|---------------------------|
|  | | Issue Date 11/18/09 |
| | Employee Evaluation Policy | Revision Date 12/04/17 |

Employee Name: _____ **Date:** _____

Optional Form to be submitted by Employee to Supervisor before Performance Appraisal is prepared.

1. Please describe significant accomplishments during the past review period.

2. What are your strengths?

3. What are your improvement areas?

4. Recommendation (training or job assignments) to address improvement areas?

5. Do you have interest in other assignments or locations? And if so, what are they?
