

PERFORMANCE EVALUATION REPORT FORM

Name of Employee: GAGARIN, ARVIN Date of Rating: 01/07/2025 Date Hired: 04 March 2025
 Position: RGC AUDITOR
 Location: HEAD OFFICE Department:




Period of Rating:

30 DAY MONTH EVALUATION

Instruction: Please review notes on Guide to performance appraisal before accomplishing this form.

FACTORS	RATING				POINTS
1. KNOWLEDGE OF WORK	Has exceptional knowledge of his own&related work.	Has required knowledge of own & related work.	Has required knowledge of own work only.	Needs additional instruction and guidance.	9
	9 to 10 pts.	7 to 8 pts.	5 to 6 pts.	1 to 4 pts.	
	Remarks :				
2. PRODUCTIVITY	Usually exceeds standards.	Meets standards.	Seldom meets standards.	Never meets standards.	38
	36 to 40 pts.	30 to 35 pts.	20 to 29 pts.	1 to 19 pts.	
	Remarks :				
3. INITIATIVE	Always	Usually	Sometimes	Rarely	9
	9 to 10 pts.	7 to 8 pts.	5 to 6 pts.	1 to 4 pts.	
	Remarks :				
4. DEDICATION TO DUTY	Always dedicated to duty.	Usually dedicated to duty.	Sometimes dedicated to duty.	Rarely responds to company needs.	9
	9 to 10 pts.	8 pts.	5 to 7 pts.	1 to 4 pts.	
	Remarks :				
5. COOPERATION	Always cooperative	Usually cooperative	Sometimes cooperative	Rarely cooperative	9
	9 to 10 pts.	8 pts.	5 to 7 pts.	1 to 4 pts.	
	Remarks :				
6. ATTENDANCE & PUNCTUALITY:	Tardiness w/n the allowable no.or less.	With written warning/s	With one (1) day suspension	With 3 days suspension.	10
		(1st Offense)	(2nd Offense)	(3rd Offense)	
	9 to 10 pts.	7 to 8 pts.	5 to 6 pts.	1 to 4 pts.	
Remarks :					
7. SAFETY AND LOG	No record of t/infracton against our safety/ housekeeping rules	No record of accident but w/ 1 infracton against our safety/ housekeeping rules	No record of accident but w/ 2 infracton against our safety/ housekeeping rules	Had an accident or had more than 2infractons against our safety/ housekeeping rules	

Previous Challenges and Accomplishments:

Areas of Strengths:

Areas of Weaknesses / Development:

Rated By : <u>8/8</u> Printed Name & Signature Date : <u>7/2/26</u> (mm / dd / yy)	Acknowledged By: <u>[Signature]</u> Employee Name : <u>ARVIN GERALD GAGARIN</u> Printed Name & Signature Date : _____ (mm / dd / yy)
--	--

RECOMMENDATIONS:

Approved by : _____ **Date Signed** _____
 mm / dd / yy

Approved by : _____ **Date Signed** _____
 mm / dd / yy

President's Signature : _____ **Date Signed** _____
 mm / dd / yy

EMPLOYEE DETAILS:

Date Hired: _____ **Present Rate:** _____

mm / dd / yy

Date Appointed to Present Position: _____

Amount of Increase: _____

Date of Last Increase: _____

mm / dd / yy

New Rate: _____

FOR HUMAN RESOURCE MANAGEMENT DEPARTMENT

Nature of Recommendation : _____ **Reviewed by:** _____

Approved Recommended Rate : _____ **Human Resource Department**

Approved Recommended Position : _____

Effectivity Date : _____

mm / dd / yy

PER RATING	DESCRIPTION
90-100	Outstanding
75-89	Above Average
50-74	Average
49 below	Below Average

Passing Rate