



PERFORMANCE EVALUATION REPORT FORM

Name of Employee: Endaya, Jayson C. Date of Rating: Date Hired: JULY 2, 2025
 Position: Helper / Sorter Department: LOGISTICS
 Location: SPI CALACA
 Rating Period: JULY 2025 to OCTOBER 2025
 Purpose of Rating: 3RD 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.	8
	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.	35
	36 to 40 pts.	30 to 35 pts.	20 to 29 pts.	1 to 19 pts.	
	Remarks :				
3. INITIATIVE	Always	Usually	Sometimes	Rarely	8
	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	Usually	Sometimes	Rarely	9
	cooperative	cooperative	cooperative	cooperative	
	9 to 10 pts.	8 pts.	5 to 7 pts.	1 to 4 pts.	
6. ATTENDANCE & PUNCTUALITY:	Tardiness w/n the allowable no.or less.	With written warning/s	With one (1) day suspension	With 3 days suspension	9
		(1st Offense)	(2nd Offense)	(3rd Offense)	
	9 to 10 pts.	7 to 8 pts.	5 to 6 pts.	1 to 4 pts.	
7. SAFETY AND / OR HOUSEKEEPING	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	9
	9 to 10 pts.	8 pts.	5 to 7 pts.	1 to 4 pts.	
	Remarks :				
TOTAL				87	

RECEIVED

06 JAN 2026

Previous Challenges and Accomplishments:

Areas of Strengths:

Areas of Weaknesses / Development:

Rated By : ALVIN B. FORNAL
Printed Name & Signature

Date : 11/19/25
(mm / dd / yy)

Acknowledged By:

Employee Name : CHARLYN T. JACOB
Printed Name & Signature

Date : 11-19-25
(mm / dd / yy)

RECOMMENDATIONS:

Approved by : ALVIN JHON B. FORNAL Date Signed : mm / dd / yy
LOGISTICS MANAGER

Approved by : MARICRIS ARIOLA Date Signed : mm / dd / yy
OIC HR AND ADMIN HEAD

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

EMPLOYEE DETAILS:

Date Hired: 07/02/25 Present Rate: 600.00 PER DAY

Amount of Increase : _____

Date of Last Increase : mm / dd / yy

Date Appointed to Present Position: _____

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



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