



PERFORMANCE EVALUATION REPORT FORM

Name of Employee: Maputol, Jessie Date of Rating: 12/12/25 Date Hired: MAY 15, 2025
 Position: Fuellet/Hastling Driver Location: SFC CALACA Department: LOGISTICS
 Rating Period: MAY 2025 TO NOVEMBER 2025 Purpose of Rating: 5TH MONTH EVALUATION

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

FACTORS	RATING				POINTS
	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.	
1. KNOWLEDGE OF WORK	9 to 10 pts.	7 to 8 pts.	5 to 6 pts.	1 to 4 pts.	8
2. PRODUCTIVITY	36 to 40 pts.	30 to 35 pts.	20 to 29 pts.	1 to 19 pts.	35
3. INITIATIVE	9 to 10 pts.	7 to 8 pts.	5 to 6 pts.	1 to 4 pts.	8
4. DEDICATION TO DUTY	9 to 10 pts.	8 pts.	5 to 7 pts.	1 to 4 pts.	9
5. COOPERATION	9 to 10 pts.	8 pts.	5 to 7 pts.	1 to 4 pts.	8
6. ATTENDANCE & PUNCTUALITY:	9 to 10 pts.	7 to 8 pts.	5 to 6 pts.	1 to 4 pts.	8
7. SAFETY AND / OR HOUSEKEEPING	9 to 10 pts.	8 pts.	5 to 7 pts.	1 to 4 pts.	8
TOTAL					84

RECEIVED

06 JAN 2026

Previous Challenges and Accomplishments:

Areas of Strengths:

Areas of Weaknesses / Development:

Rated By

Robert Solivio

Printed Name & Signature

Date

12-11-25
(mm / dd / yy)

Acknowledged By:

Employee Name

Jessie Magpala

Printed Name & Signature

Date

12-11-25
(mm / dd / yy)

RECOMMENDATIONS:

Approved by : ALVIN JHON B. FORMAL
LOGISTICS MANAGER

Date Signed

mm / dd / yy

Approved by : MARICRIS ARIOLA
OIC HR AND ADMIN HEAD

Date Signed

mm / dd / yy

President's Signature : _____ Date Signed

mm / dd / yy

EMPLOYEE DETAILS:

Date Hired: 05/15/25
mm / dd / yy

Present Rate: 700/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

