



Job/Ministry Assessment/Evaluation

Hiring Entity: _____

(Address) (City) (State) (Zip)

Employee Name: _____ Date of Review: _____

Current Position: _____ Date of Current Job Description: _____

1. Employee comments regarding current essential functions and collaborative relationships, etc.:

2. Supervisor comments regarding current essential functions, collaborative relationships, etc.:

3. Suggested additions, deletions, or modifications to the job description:

4. Employee performance during current year (satisfactory);(needs improvement). Comments:

5. Employee job-related goals for coming year:

Employee Signature *Supervisor Signature*

(Use reverse side if additional space is needed)
Two copies – 1) Employee Personnel File; 2) Employee