GUAM PRESERVATION TRUST
Employee Evaluation

NAME OF EMPLOYEE:

POSITION TITLE OF EMPLOYEE:

EVALUATION PERIOD:

OVERALL EVALUATION: ____Satisfactory ____Unsatisfactory

NOTE:
Evaluation of unsatisfactory must be substantiated by specific comments providing the basis upon which the evaluation was made.

COMMENTS BY EVALUATOR:

Indicators of work output:
1. Administration

2. Community Relations

3. Other
Development for next evaluation:

COMMENTS BY EVALUATEE:

EVALUATEE:

Signature ___________________________ Date ________________________

EVALUATOR

Signature ___________________________ Date ________________________