

CUSTOMER SERVICE PERFORMANCE REVIEW

Name: _____

Position: _____

Date of Hire (Month/Day/Year): _____

Review Period: From _____ / _____ / _____ to _____ / _____ / _____

Reviewer's Name/Title: _____

Employee Number: _____

Department: _____

Time in Position (Years, Months): _____

Date of Last Review (Month/Day/Year): _____

Today's Date (Month/Day/Year): _____

	Continuously Deliver Quality	Delighted Customers	Best & Brightest Team	Solutions Innovation	Financial Objectives Met
Company Measurements	1.	1.	1.		1.
Department Measurements	1.	1.	1.		1.
Associate Measurements		1.	1.		1.

SUMMARY OF RESULTS

Rating Guide

Not Acceptable	Marginal	Competent / Meets Expectations	Commendable	Extraordinary
1	2	3	4	5

Goal Area	Results	Associate Rating	Manager Rating	VP Weight %	Weighted Result
Continuously Deliver Quality					
Delighted Customers					
Best & Brightest Team					
Solutions Innovation					
Financial Objectives Met					

Overall Results Rating (VP Weight % times Manager Rating = Weighted Result. Sum of Weighted Results = Overall Rating)

Results Summary

Associate's Comments:

Manager's Comments:

PERFORMANCE FACTORS	
---------------------	--

Rating Guide

Not Acceptable	Marginal	Competent / Meets Expectations	Commendable	Extraordinary
1	2	3	4	5

	Ratings	
	Associate	Manager
1. Is Customer focused		
2. Strives for quality improvement		
3. Involves and empowers others		
4. Communicates effectively		
5. Operates with a sense of urgency		
6. Sets high expectations and standards		
7. Excels individually and as a team member		
8. Models and fosters behavior aligned with company values		
9.		
10.		

Overall Performance Factors Rating (Sum of manager's ratings divided by number of factors rated)		
---	--	--

Results Summary

Associate's Comments:

Manager's Comments:	
---------------------	--

OVERALL RATING					
	Not Acceptable	Marginal	Competent / Meets Expectations	Commendable	Extraordinary
	1	2	3	4	5
Overall Results Rating					
Overall Performance Factors Rating					
Combined Overall Rating					

GROWTH <i>(Not considered for purposes of overall rating or pay, but rather to identify areas of development)</i>				
	Associate		Manager	
	Development Recommended	No Development Recommended	Development Recommended	No Development Recommended
1. Job knowledge and technical/professional depth				
2. Breadth of experience/skills				

DEVELOPMENT PLAN <i>(Select lowest rated area in either the Results or Performance Factors section – minimum of one entry required)</i>	
Area of Focus	Actions Planned

Associate *(Print Name)*

Associate's Signature

Date *(Month/Day/Year)*

Manager *(Print Name)*

Manager's Signature

Date *(Month/Day/Year)*

Manager's Supervisor *(Print Name)*

Supervisor's Signature

Date *(Month/Day/Year)*