

Information about employer

Name of establishment	
Address 1	
Address 2	
Postal code	
City	
Country	
Web address	
Phone	

Information about employee

Family name	
First name	
Position	
Department¹	
Main tasks	
Duration of employment (dd/ MM /yyyy)	from to
Weekly working hours²	
Family name of direct superior³	
First name of direct superior	
Position of direct superior	
Email of direct superior	

¹ Fill out one form per department

² According to contract

³ The direct superior is responsible for the employee on an operational basis – e.g. Chef de cuisine, Executive Housekeeper

EVALUATION OF THE EMPLOYEE

Performances

- Quality of work performed
- Working speed
- Planning & organization
- Stress management

Learning capacity

- Task comprehension
- Autonomy & initiative
- Adaptation & flexibility
- Improvement of performances

Interpersonal skills

- Respect towards superiors
- Team work
- Relationship with the guest
- Communication

Behaviour

- Punctuality
- Discipline
- Appearance & hygiene
- Courtesy & helpfulness

	Excellent	Good	Satisfactory	Needs improvement	N/A
Quality of work performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning & organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Task comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autonomy & initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptation & flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improvement of performances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect towards superiors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with the guest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance & hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy & helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (max. 2000 characters)

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Signature of direct superior / title

.....
Date