ACTING POSITION EVALUATION FORM

TO BE COMPLETED BY THE ACTING EMPLOYEE AND THEIR MANAGER / SUPERVISOR

Please note:

- The Employee in the Acting position and their Manager / Supervisor will complete this evaluation form.
- This evaluation is important to the Acting Employee's professional and personal development.
- This evaluation will be considered as part of Performance Evaluations and possible promotion opportunities in the future.
- Additional space is provided for comments.
- Please comment on any evaluation marked marginal or unsatisfactory.

Acting Employee Name & Surname:				Employee Number:	
Manager / Supervisor:			Department:		
Evaluation period	From:		To:		

SECTION BELOW TO BE COMPLETED BY THE ACTING EMPLOYEE'S SUPERVISOR / MANAGER

Characteristics	Excellent	Very Good	Average	Marginal	Unsatisfactory
Desire and willingness to take on new assignments:	☐	☐	☐	☐	☐
Potential for further development:	☐	☐	☐	☐	☐
Ability to complete allocated tasks:	☐	☐	☐	☐	☐
Ability to communicate:	☐	☐	☐	☐	☐
Ability to learn:	☐	☐	☐	☐	☐
Quality of work:	☐	☐	☐	☐	☐
Dependability:	☐	☐	☐	☐	☐
Attitude: (application to work)	☐	☐	☐	☐	☐
Attendance:	☐	☐	☐	☐	☐
General comments on Acting Employees' performance and progress:					

Montego
Pet Nutrition

SECTION BELOW TO BE COMPLETED BY THE ACTING EMPLOYEE

General comments on your experience in this role:	

Any challenges experienced:	

Any additional training suggestions:	

SIGNATURE: ACTING EMPLOYEE _____ DATE: _____

SIGNATURE: MANAGER / SUPERVISOR _____ DATE: _____