



Performance Appraisal

Supervisor/Appraiser: \_\_\_\_\_

Date: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Years Employed: \_\_\_\_\_

Road Test Conducted:  YES  NO

DATE: \_\_\_\_\_

Driver Review

Rating

- Attendance & Punctuality
- Communication with Dispatch/Supervisors
- Paperwork; turned in accurately and on time
- Daily Log Books; on-time, legible, readily available
- Communication with Mechanics/Supervisor regarding service/repairs
- Vehicle kept in acceptable condition
- Overall satisfaction

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ratings:

O - Outstanding. Far exceeds normal expectations. V - Very good. Regularly exceeds requirements. G - Good. Solid performance- meets or slightly exceeds requirements. M - Marginal. Performance is less than expected and needs improvement. U - Unsatisfactory. Not performing requirements.

Violations (since most recent review)

- Has the driver had any hours of service violations?  
If yes, explain: \_\_\_\_\_
- Has the driver received any vehicle or moving violations?  
If yes, explain: \_\_\_\_\_
- Has the driver been involved in any incidents or accidents?  
If yes, explain: \_\_\_\_\_

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have reviewed the driving record of the above-named driver and find that he/she (check one):

- Meets minimum requirements for safe driving
- Is disqualified to drive a motor vehicle for the following reasons:

\_\_\_\_\_

Supervisor Signature \_\_\_\_\_

I have read and discussed this review with my Supervisor/Appraiser:

Employee Signature \_\_\_\_\_



## Performance Improvement Plan

Employee Name: \_\_\_\_\_

Defined Problem or Opportunity for Improvement:	
Employee Action Plans:  1.  2.  3.  4.  5.	
Supervisor Action Plans:  1.  2.  3.  4.  5.	
Date	Review Date(s):
Employee Signature:	Date
Supervisor/Manager Signature:	Date



**Progressive Enforcement and Corrective Actions Form (same as Employee Warning Notice)**

Supervisor/Appraiser: \_\_\_\_\_

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

**Details of the occurrence warranting corrective action:**

- Late
- Absence
- Misconduct
- Insubordinations
- Intoxication
- Minor H&S Issue
- Other: \_\_\_\_\_

**Check all that Apply:**

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Description of Occurrence:

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**As a result of the above occurrence, you have been given the following corrective action(s):**

- Verbal Warning
- Written Warning
- Suspension for \_\_\_\_\_ Days (Minimum of 1 and Maximum of 4)
- Termination with Cause
- Other: \_\_\_\_\_

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Description of Actions Taken:

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I have read and discussed this review with my Supervisor/Appraiser, and Acknowledge a copy of this form will be included in my employee file (employees can also request a copy for personal use):

Employee Signature \_\_\_\_\_

**Employee unwilling to acknowledge and sign. Supervisor Initial** \_\_\_\_\_