

# Time-off Request Form

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**Employee Name:**

**Direct Manager / Supervisor**

Start Date	End Date	Total Days	Reason Code

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## Reason Codes

- V:** Vacation day
- F:** Floater day
- PL:** Personal leave paid
- PU:** Personal leave unpaid
- O:** Other

**Approved:**

Yes      No

**Employee Signature:**

**Manager Signature:**

# Employee Evaluation Form

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## Employee Information

Employee Name:

Employee Job Title:

Direct Manager Name:

Manager Job Title:

Date of Last Evaluation

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## Employee Performance Evaluation

**Manager Instructions:** Check the rating that most closely corresponds with the employee's performance in the categories listed in the columns on the left. If you'd like to elaborate, you can write a comment about the employee's performance in the box below each category.

	<b>1</b> Poor	<b>2</b> Needs Improvement	<b>3</b> Satisfactory	<b>4</b> Great	<b>5</b> Exceptional
<b>Quality of Work</b>					
Comments					
<b>Consistency of Work</b>					
Comments					
<b>Technical Skills</b>					
Comments					

	<b>1</b> Poor	<b>2</b> Needs Improvement	<b>3</b> Satisfactory	<b>4</b> Great	<b>5</b> Exceptional
<b>Customer Service</b>					
Comments					
<b>Communication</b>					
Comments					
<b>Teamwork</b>					
Comments					
<b>Dependability</b>					
Comments					
<b>Attitude</b>					
Comments					
<b>Attendance</b>					
Comments					
<b>Punctuality</b>					
Comments					
<b>Overall Performance</b>					
Comments					

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## Goals

Q. What are the employee's strengths?

Manager Evaluation	Employee Self-Evaluation

Q. What are the employee's weaknesses?

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Q. What were the employee's goals during the previous review period?

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Q. Has the employee achieved these goals? (select one and elaborate the answer)

Yes      No	Yes      No

Q. Goals for the next review period (fill out together)

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## Sign Off

Signing this form indicates that you, the employee, have met with your manager to discuss your review in detail. Signing this form does not indicate that you agree or disagree with your performance evaluation.

**Employee Signature:**

**Date:**

**Manager Signature:**

**Date:**

# Employee Schedule Form Example

WEEK OF **March 3**

EMPLOYEE NAME	Monday 03/04	Tuesday 03/05	Wednesday 03/06	Thursday 03/07	Friday 03/08	Saturday 03/09	Sunday 03/10
<b>MANAGERS</b>							
Manager 1			8 AM – 5 PM	5 PM – 9 PM	5 PM – 9 PM		5 PM – 9 PM
Manager 2		8 AM – 5 PM	5 PM – 9 PM	8 AM – 5 PM		5 PM – 9 PM	
Manager 3		5 PM – 9 PM			8 AM – 5 PM	8 AM – 5 PM	8 AM – 5 PM
<b>FRONT OF HOUSE</b>							
Host 1		3 PM – 9 PM	3 PM – 9 PM			3 PM – 9 PM	3 PM – 9 PM
Server 1		3 PM – 9 PM	8 AM – 3 PM	8 AM – 3 PM	3 PM – 9 PM	8 AM – 3 PM	8 AM – 3 PM
Server 2		8 AM – 3 PM	3 PM – 9 PM		8 AM – 3 PM		3 PM – 9 PM
Bartender 1			5 PM – 11 PM	5 PM – 11 PM	5 PM – 11 PM	5 PM – 11 PM	5 PM – 11 PM
<b>BACK OF HOUSE</b>							
Chef 1		10 AM – 3 PM	10 AM – 3 PM	10 AM – 3 PM	10 AM – 3 PM		10 AM – 3 PM
Line Cook 1		2 PM – 9 PM	3 PM – 9 PM	2 PM – 9 PM	2 PM – 9 PM	2 PM – 9 PM	
Dishwasher 1		3 PM – 9 PM	2 PM – 9 PM		3 PM – 9 PM	3 PM – 9 PM	3 PM – 9 PM

# Employee Schedule

WEEK OF

EMPLOYEE NAME	Monday /	Tuesday /	Wednesday /	Thursday /	Friday /	Saturday /	Sunday /
<b>MANAGERS</b>							
<b>FRONT OF HOUSE</b>							
<b>BACK OF HOUSE</b>							