

# Retail Store Clerk Evaluation Form

Clerk Name

Supervisor Name

Date

## Performance Criteria

Criteria	Rating	Comments
Customer Service	<input type="text"/>	<input type="text"/>
Product Knowledge	<input type="text"/>	<input type="text"/>
Teamwork	<input type="text"/>	<input type="text"/>
Punctuality	<input type="text"/>	<input type="text"/>
Attendance	<input type="text"/>	<input type="text"/>
Sales Performance	<input type="text"/>	<input type="text"/>

Strengths

Areas for Improvement

Supervisor's Overall Comments

Employee Acknowledgement

Date

Supervisor Signature

Date