

Annual Employee Review Form

Employee Information

Employee Name

Position/Title

Department

Review Date

Performance Criteria

| Criteria | Rating (1-5) | Comments |
|--------------------------|----------------------|----------------------|
| Quality of Work | <input type="text"/> | <input type="text"/> |
| Productivity | <input type="text"/> | <input type="text"/> |
| Teamwork & Collaboration | <input type="text"/> | <input type="text"/> |
| Communication | <input type="text"/> | <input type="text"/> |
| Reliability & Attendance | <input type="text"/> | <input type="text"/> |

Overall Comments

Strengths

Areas for Improvement

Goals for Next Year

Signatures

Employee Signature

Reviewer Signature