

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