

Employee Appraisal Evaluation Form

Employee Information

Employee Name

Employee ID

Department

Position

Review Period

e.g. Jan 2024 - Jun 2024

Reviewer

Performance Evaluation

Criteria	Rating (1-5)	Comments
Quality of Work	<div></div>	<div></div>
Productivity	<div></div>	<div></div>
Communication	<div></div>	<div></div>
Teamwork	<div></div>	<div></div>
Attendance & Punctuality	<div></div>	<div></div>
Initiative	<div></div>	<div></div>

Strengths

Areas for Improvement

Goals for Next Period

Additional Comments

Employee Signature

Date

Reviewer Signature

Date