

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	<input type="text"/>	<input type="text"/>
Productivity	<input type="text"/>	<input type="text"/>
Communication	<input type="text"/>	<input type="text"/>
Teamwork	<input type="text"/>	<input type="text"/>
Attendance & Punctuality	<input type="text"/>	<input type="text"/>
Initiative	<input type="text"/>	<input type="text"/>

Strengths

Areas for Improvement

Goals for Next Period

Additional Comments

Employee Signature

Date

Reviewer Signature

Date