

Employee Performance Review Evaluation Form

Employee Information

Employee Name

Position / Title

Department

Review Period

Date of Review

Performance Criteria

Criteria	Rating (1 - 5)	Comments
Quality of Work	<input type="text"/>	<input type="text"/>
Productivity	<input type="text"/>	<input type="text"/>
Initiative	<input type="text"/>	<input type="text"/>
Communication	<input type="text"/>	<input type="text"/>
Teamwork	<input type="text"/>	<input type="text"/>

Overall Comments

Goals for Next Review Period

Signatures

Employee Signature

Reviewer Signature

Date