

Employee Performance Review Evaluation Form

EMPLOYEE INFORMATION

Employee Name

Employee ID

Department

Position/Title

Review Period

e.g. Jan 2024 - Jun 2024

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

STRENGTHS & AREAS FOR IMPROVEMENT

Employee Strengths

Areas for Improvement

GOALS & OBJECTIVES

Goals for Next Review Period

SIGNATURES

Employee Signature

Reviewer Signature

Date