

# Employee Performance Review Evaluation Form

## EMPLOYEE INFORMATION

Employee Name

Employee ID

Department

Position/Title

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"/>
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