

Performance Review Form

Employee Name

Position

Review Period

e.g., Jan 2024 - Jun 2024

Review Date

Reviewer

Department

Performance Criteria

Criteria	Rating	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	<input type="text"/>	<input type="text"/>

Strengths

Areas for Improvement

Goals for Next Review Period

Employee Signature

Reviewer Signature

Date

Date