

Annual Performance Review Form

Employee Name	<div></div>
Employee ID	<div></div>
Job Title	<div></div>
Department	<div></div>
Manager Name	<div></div>
Review Period	<div></div>

Performance Summary

Key Responsibilities & Goals

Achievements

Areas for Improvement

Professional Development & Training

Employee Comments

Manager Comments

Employee Signature:

Date:

Manager Signature:

Date: