

# Employee Performance Evaluation

Employee Name

Employee ID

Department

Job Title

Evaluation Date

Review Period

e.g. Jan 2024 - Jun 2024

Supervisor

| Performance Category         | Comments             | Rating            |
|------------------------------|----------------------|-------------------|
| Quality of Work              | <input type="text"/> | <div>Select</div> |
| Productivity & Efficiency    | <input type="text"/> | <div>Select</div> |
| Communication Skills         | <input type="text"/> | <div>Select</div> |
| Teamwork & Collaboration     | <input type="text"/> | <div>Select</div> |
| Initiative & Problem Solving | <input type="text"/> | <div>Select</div> |

Dependability & Attendance

Select

Overall Comments

Goals / Areas for Improvement

Supervisor Signature

Date

Employee Signature

Date