

# Employee Evaluation Sheet

Employee Name

Employee ID

Department

Position

Review Period

e.g. Jan - Dec 2024

Date

## Performance Criteria

Criteria	Rating (1-5)	Comments
Quality of Work		
Productivity		
Attendance & Punctuality		
Teamwork		
Communication		
Initiative		
Dependability		

## Strengths

## Areas for Improvement

**Goals & Action Plan**

Evaluator's Name

Date

Employee's Name

Date