

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