

Employee Performance Review Form

Employee Information

Employee Name

Job Title

Department

Review Period

e.g. Jan 2024 - Jun 2024

Reviewer Name

Date of Review

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 & Collaboration	<input type="text"/>	<input type="text"/>
Dependability	<input type="text"/>	<input type="text"/>

Strengths

Areas for Improvement

Goals for Next Review Period

Employee Signature

Reviewer Signature