

Employee Progress Review Form

Employee Name

Position/Title

Department

Review Date

Review Period

e.g. Jan 2024 - Jun 2024

Performance Criteria

Criteria	Comments	Rating
Quality of Work	<input type="text"/>	<input type="text"/>
Productivity	<input type="text"/>	<input type="text"/>
Teamwork	<input type="text"/>	<input type="text"/>
Initiative	<input type="text"/>	<input type="text"/>
Attendance & Punctuality	<input type="text"/>	<input type="text"/>

Overall Comments

Goals for Next Review Period

Employee Signature

Date

Reviewer Signature

Date