

Employee Appraisal Feedback Sheet

Employee Name

Employee ID

Department

Designation

Appraisal Period

e.g. Jan 2024 - Dec 2024

Review Date

Performance Criteria

Criteria	Comments/Examples	Rating (1-5)
Quality of Work	<div></div>	<div></div>
Productivity	<div></div>	<div></div>
Communication	<div></div>	<div></div>
Teamwork	<div></div>	<div></div>
Initiative	<div></div>	<div></div>

Strengths

Areas for Improvement

Employee Comments

Reviewer Name

Reviewer Title

Signature

Date