

# 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	<input type="text"/>	<input type="text"/>
Productivity	<input type="text"/>	<input type="text"/>
Communication	<input type="text"/>	<input type="text"/>
Teamwork	<input type="text"/>	<input type="text"/>
Initiative	<input type="text"/>	<input type="text"/>

## Strengths

## **Areas for Improvement**

## **Employee Comments**

Reviewer Name

Reviewer Title

Signature

Date