

Blank Employee Performance Appraisal Form

Employee Information

Employee Name

Position/Title

Department

Supervisor

Review Period

Appraisal Date

Performance Criteria

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

Overall Comments

Goals for Next Period**Employee Comments (Optional)****Signatures**

Supervisor Signature

Employee Signature