

Annual Performance Assessment Sheet

Employee Name

Position

Department

Assessment Year

Supervisor

Performance Criteria	Rating (1-5)	Comments
Quality of Work	<input type="checkbox"/>	
Productivity	<input type="checkbox"/>	
Initiative	<input type="checkbox"/>	
Teamwork	<input type="checkbox"/>	
Attendance / Punctuality	<input type="checkbox"/>	

Overall Comments

Employee Signature

Date

Supervisor Signature

Date

