

Annual Staff Performance Assessment Report

Employee Information

Employee Name:

Employee ID:

Designation/Position:

Department:

Assessment Period:

Assessment Date:

Supervisor/Assessor:

Performance Criteria

Criteria	Rating (1-5)	Comments
Quality of Work		
Productivity & Efficiency		
Teamwork & Collaboration		
Communication Skills		
Initiative & Dependability		
Punctuality & Attendance		
Adherence to Policies		
Overall Performance		

Key Achievements

List key achievements, significant contributions, or exceeded objectives...

Areas for Improvement

Mention areas that require improvement, with suggestions or action items...

Supervisor's Overall Comments

Provide a summary assessment, recommendations for training or career development...

Employee's Comments

Employee may add comments or feedback...

Supervisor/Assessor Signature
Date: _____

Employee Signature
Date: _____