

Employee Performance Evaluation Report

Employee Name: _____

Employee ID: _____

Position/Title: _____

Department: _____

Evaluator Name: _____

Evaluation Period: _____

Date of Evaluation: _____

Key Performance Areas

Performance Criteria	Rating (1-5)	Comments
Quality of Work		
Productivity & Efficiency		
Communication Skills		
Teamwork & Collaboration		
Dependability & Attendance		
Initiative		
Professionalism		

Strengths

Areas for Improvement

Development Goals & Action Plan

Overall Rating (1-5): _____

Evaluator's Signature: _____

Employee's Signature: _____

Date: _____