

Blank Employee Performance Evaluation Form

EMPLOYEE INFORMATION

Name

Employee ID

Position

Department

Review Period

e.g., Jan 2024 - Jun 2024

Evaluator Name

Evaluation Date

PERFORMANCE CRITERIA

CRITERIA	RATING (1-5)	COMMENTS
Quality of Work	<div></div>	<div></div>
Productivity	<div></div>	<div></div>
Communication	<div></div>	<div></div>
Teamwork	<div></div>	<div></div>
Attendance & Punctuality	<div></div>	<div></div>
Initiative	<div></div>	<div></div>

STRENGTHS

AREAS FOR IMPROVEMENT

GOALS & ACTION PLAN

Evaluator Signature & Date

Employee Signature & Date