

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	<input type="text"/>	<input type="text"/>
Productivity	<input type="text"/>	<input type="text"/>
Communication	<input type="text"/>	<input type="text"/>
Teamwork	<input type="text"/>	<input type="text"/>
Attendance & Punctuality	<input type="text"/>	<input type="text"/>
Initiative	<input type="text"/>	<input type="text"/>

STRENGTHS

AREAS FOR IMPROVEMENT**GOALS & ACTION PLAN**

Evaluator Signature & Date

Employee Signature & Date