

Annual Staff Assessment Report

Employee Information

Full Name

Position/Title

Department

Assessment Period

Performance Criteria

Criteria	Rating	Comments
Quality of Work	_____	_____
Punctuality & Attendance	_____	_____
Teamwork	_____	_____
Initiative	_____	_____
Communication Skills	_____	_____

Achievements

Areas for Improvement

Supervisor's Comments

Employee's Comments

Supervisor's Name

Date

Employee's Name

Date
