

Individual Performance Analysis Report Form

Employee Information

Employee Name

Position/Title

Department/Unit

Supervisor/Reviewer

Performance Period

E.g. Jan 2024 - June 2024

Date of Review

Performance Criteria Analysis

No.	Criteria	Analysis/Comments	Rating
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

Strengths

Areas for Improvement

Recommended Actions/Goals

Overall Comments

Employee Signature

Reviewer Signature
