

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	<div></div>	<div></div>	<div></div>
2	<div></div>	<div></div>	<div></div>
3	<div></div>	<div></div>	<div></div>

Strengths

Areas for Improvement

Recommended Actions/Goals

Overall Comments

Employee Signature

Reviewer Signature