

# Workplace Performance Review Report

## Employee Information

Employee Name:

Position/Title:

Department:

Review Period:

e.g., Jan 2024 - Jun 2024

## Performance Summary

Key Strengths:

Areas for Improvement:

Notable Achievements:

Goals for Next Period:

## Overall Assessment

Comments / Summary:

## Signatures

Reviewer Signature:

Name & Date

**Employee Signature:**

Name & Date