

Performance Management Audit Form

Employee Information

Employee Name

Employee ID

Department

Review Period

Date of Review

Audit Criteria

Criteria	Score	Comments
Goal Setting & Alignment	<div></div>	<div></div>
Timely Feedback	<div></div>	<div></div>
Performance Measurement	<div></div>	<div></div>
Documentation & Record Keeping	<div></div>	<div></div>
Development Plans	<div></div>	<div></div>

Observations / Findings

Recommendations

Reviewer Details

Reviewer Name

Reviewer Title

Signature