

# Performance Management Audit Form

## Employee Information

Employee Name

Employee ID

Department

Review Period

Date of Review

## Audit Criteria

Criteria	Score	Comments
Goal Setting & Alignment	<input type="text"/>	<input type="text"/>
Timely Feedback	<input type="text"/>	<input type="text"/>
Performance Measurement	<input type="text"/>	<input type="text"/>
Documentation & Record Keeping	<input type="text"/>	<input type="text"/>
Development Plans	<input type="text"/>	<input type="text"/>

## Observations / Findings

## Recommendations

## Reviewer Details

Reviewer Name

Reviewer Title

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Signature