

# Employee Annual Performance Evaluation

Employee Name:

Employee ID:

Department:

Job Title:

Review Period:

## Performance Criteria

| Criteria               | Comments             | Rating (1-5)         |
|------------------------|----------------------|----------------------|
| Quality of Work        | <input type="text"/> | <input type="text"/> |
| Productivity           | <input type="text"/> | <input type="text"/> |
| Communication Skills   | <input type="text"/> | <input type="text"/> |
| Teamwork/Collaboration | <input type="text"/> | <input type="text"/> |
| Initiative             | <input type="text"/> | <input type="text"/> |
| Attendance/Punctuality | <input type="text"/> | <input type="text"/> |

## Major Achievements

## Areas for Improvement

## Goals for Next Year

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Employee Signature

**Date:**

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Manager Signature

**Date:**