

Office Administrator Annual Performance Review

Employee Name: _____
Review Period: _____

Position: _____
Department: _____

Supervisor: _____
Date: _____

Key Responsibilities & Evaluation

Responsibility / Competency	Rating	Comments
Office Organization & Management	_____	_____
Document Preparation & Filing	_____	_____
Communication & Interpersonal Skills	_____	_____
Scheduling & Calendar Management	_____	_____
Customer/Client Service	_____	_____
Technology & Computer Skills	_____	_____

Rating Scale:

1 - Unsatisfactory | 2 - Needs Improvement | 3 - Meets Expectations | 4 - Exceeds Expectations | 5 - Outstanding

Strengths

Summarize key areas where the employee excels.

Areas for Improvement

Identify opportunities for employee development or improvement.

Goals for Next Review Period

Outline goals and objectives for the upcoming review period.

Employee Comments (Optional)

Employee may provide additional feedback here.

Employee Signature

Date

Supervisor Signature

Date