

# Annual Performance Feedback Form

Employee Name

Employee ID

Department

Review Period

e.g., Jan 2023 - Dec 2023

Reviewer Name

Date

## Performance Criteria

1. Job Knowledge

2. Quality of Work

3. Communication

4. Teamwork and Collaboration

5. Initiative and Problem Solving

## Achievements & Strengths

## Areas for Improvement

## Goals for Next Year

## Overall Rating

Select a rating

Employee Signature

Reviewer Signature