

# Employee Evaluation Report

## Employee Information

Employee Name:

Employee ID:

Position/Title:

Department:

Evaluation Period:

Evaluator Name:

Date:

## Performance Criteria

Criteria	Rating (1-5)	Comments
Quality of Work		
Productivity		
Attendance & Punctuality		
Teamwork & Collaboration		
Communication Skills		
Initiative		
Problem Solving		
Compliance with Policies		

Note: 1 = Below Expectations, 5 = Exceeds Expectations

## Strengths

## Areas for Improvement

## Additional Comments

## Employee Acknowledgement

Employee Signature:

Date:

