

Staff Competency Appraisal Document

Staff Name: _____

Position: _____

Department: _____

Appraisal Period: _____

Appraiser Name: _____

Date: _____

Competency Assessment

Competency	Rating (1-5)	Comments
Job Knowledge		
Communication		
Teamwork		
Problem Solving		
Initiative		
Dependability		
Attendance & Punctuality		

Strengths

Areas for Improvement

Development Goals

Appraiser's Signature

Date:

Staff Signature

Date:
