

# 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

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Date: \_\_\_\_\_

Staff Signature

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Date: \_\_\_\_\_