## **Employee Appraisal Form**

|  |  |
| --- | --- |
| **Employee Name:** |  |
| **Employee Title:** |  |
| **Department:** |  |

I**nstructions:**

This form is designed to be completed by the supervisor, providing a narrative to review key performance metrics in the following 8 areas during the (time to be reviewed) period.

1. Job Knowledge
2. Work Quality
3. Attendance & Punctuality
4. Productivity
5. Communications Skills
6. Dependability
7. Employee Development Initiative
8. Other Metrics

In addition, there is a space to set goals for both performance improvement and employee development.

|  |  |
| --- | --- |
| **Performance Metrics** | **Manager Feedback** |
| 1. Job Knowledge |  |
| 1. Work Quality |  |
| 1. Attendance & Punctuality |  |
| 1. Productivity |  |
| 1. Communications Skills |  |
| 1. Dependability |  |
| 1. Employee Development Initiative |  |
| 1. Other Metrics (Optional) |  |

|  |
| --- |
| **Performance Goals** |
| 1. |
| 2. |
| 3. |

|  |
| --- |
| **Professional Development Goals** |
| 1. |
| 2. |
| 3. |

By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Employee Name (Print)** | **Date** | **Employee Signature** | **Date** |

|  |  |
| --- | --- |
| **Supervisor Name (Print)** |  |

|  |  |
| --- | --- |
| **Supervisor Signature** |  |