Sales Appraisal Form for Manager

Manager Information • Name: _____ Department: ________ Appraisal Cycle: ________ **Leadership and Team Management** Team Performance: ________ Outstanding Satisfactory Needs Improvement Leadership Effectiveness: Inspiring Adequate Lacking **Sales Strategy Implementation** Achievement of Sales Targets: Exceeded Met Not Met Highly Innovative Some Innovation No Innovation

Feedback to Team:

Personal Development and Training:	
Signatures:	
Manager:	Date:
 Senior Management: _ 	Date: