

Employee Appraisal Form PDF

Employee Details:

- Name: _____
- Department: _____
- Job Title: _____
- Evaluation Date: _____

Assessment:

Work Quality:

- Excellent Good Satisfactory Needs Improvement

Efficiency:

- Excellent Good Satisfactory Needs Improvement

Innovation:

- Excellent Good Satisfactory Needs Improvement

Team Contribution:

- Excellent Good Satisfactory Needs Improvement

Feedback and Goals:

- Self-Assessment: _____
- Future Objectives: _____

Approval:

- Employee Signature: _____
- Date: _____
- Supervisor Signature: _____
- Date: _____