

# Employee Feedback Form for Manager

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## Employee Information

- Name: \_\_\_\_\_
- Department: \_\_\_\_\_
- Position: \_\_\_\_\_
- Date: \_\_\_\_\_

## Manager Evaluation

Criteria	Excellent	Good	Fair	Poor	Comments
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Decision-Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Support and Guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fairness and Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Conflict Resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Team Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Availability and Approachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Feedback

- What do you appreciate most about your manager?

\_\_\_\_\_

- What areas could your manager improve in?

\_\_\_\_\_

- Additional Feedback: \_\_\_\_\_

## Employee Signature

- Employee's Signature: \_\_\_\_\_

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