

Supervisor Employee Review Form

Employee Information:

- Name: _____
- Job Title: _____
- Department: _____
- Supervisor Name: _____
- Date of Review: _____

Performance Evaluation:

Category	Rating (1-5)	Supervisor Comments
Quality of Supervision		
Ability to Resolve Conflicts		
Knowledge of Company Policies		
Communication Skills		

Initiative and Leadership

Strengths:

- _____
- _____

Challenges:

- _____
- _____

Goals for Improvement:

1. _____
2. _____

Acknowledgment:

I, the undersigned, confirm that this review has been discussed and agree with the details provided.

Employee Signature: _____

Supervisor Signature: _____

Date: _____