

Restaurant Employee Appraisal Evaluation Form

Employee Information

- Name: _____
- Position: _____
- Department: _____
- Supervisor Name: _____
- Appraisal Date: _____

Evaluation Criteria

Rate the employee based on the following categories:

Criteria	Rating (1–5)	Supervisor's Comments
Customer Service		
Food Safety Practices		
Punctuality		
Initiative		
Work Quality		

Overall Performance Summary

1. What are the employee's key strengths?

2. What areas require improvement?

3. Recommendations for Training or Development:

Signatures

Supervisor's Signature: _____ **Date:** _____

Employee's Signature: _____ **Date:** _____