

Employee Job Assessment Form

Employee Information

- Full Name: _____
- Employee ID: _____
- Job Title: _____
- Department: _____
- Assessment Period: _____
- Assessor's Name: _____
- Date of Evaluation: _____

Job Performance Metrics

- Primary Job Responsibilities: _____
- Key Performance Indicators: _____
- Strengths in Role: _____
- Areas for Improvement: _____

Work Quality & Productivity

- Accuracy and efficiency in tasks: Poor Fair Good Excellent
- Ability to meet deadlines: Poor Fair Good Excellent
- Quality of completed work: Poor Fair Good Excellent

Skills & Competencies Evaluation

Skill Areas	Needs Improvement	Satisfactory	Excellent
Technical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Leadership Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity & Innovation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Assessment & Comments

- Overall Rating (1-10): _____
- Comments from Assessor: _____
- Employee Feedback: _____

Signatures

- Employee Signature: _____ Date: _____
- Assessor Signature: _____ Date: _____
- Manager Signature: _____ Date: _____