

# Employee Performance Self Appraisal Form

## Employee Information

- Employee Name: \_\_\_\_\_
- Employee ID: \_\_\_\_\_
- Department: \_\_\_\_\_
- Job Title: \_\_\_\_\_
- Manager's Name: \_\_\_\_\_
- Review Period: \_\_\_\_\_

## Self-Evaluation

Rate your performance in the following areas by marking the appropriate box and providing comments.

Performance Criteria	Needs Improvement	Meets Expectations	Exceeds Expectations	Comments
Quality of Work (Completeness, accuracy, and efficiency in tasks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Productivity (Effectively meeting deadlines and achieving goals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Communication Skills</b> (Effectiveness in verbal and written communication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Teamwork &amp; Collaboration</b> (Ability to work well with colleagues and contribute to team goals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Problem-Solving Skills</b> (Analytical ability and innovative thinking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Time Management</b> (Punctuality, task prioritization, and meeting deadlines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Leadership &amp; Initiative</b> (Proactiveness and ability to lead projects)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Employee Comments**

- **Strengths:** \_\_\_\_\_

- **Areas for Improvement:**

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- **Goals for Next Review Period:**

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### Approval Section

- **Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- **Manager's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_