

Employee Personnel Assessment Form

Personal and Job Details

- Employee Name: _____
- Position: _____
- Department: _____
- Date of Hire: _____
- Evaluation Date: _____
- Evaluator's Name: _____

Performance Categories

Category	Rating (1-5)	Comments
Work Efficiency		
Job Knowledge		
Communication		
Attendance & Punctuality		
Professional Conduct		

Self-Assessment Section

- What accomplishments are you most proud of?

- What challenges have you faced in your role?

- How do you plan to improve your performance?

Supervisor's Feedback

- **Areas where the employee excels:**

- **Areas needing improvement:**

- **Recommended development programs:**

Final Rating and Signatures

- **Overall Score (Out of 10):** _____

- **Final Comments:** _____

Signatures

- **Employee Signature:** _____ **Date:** _____

- **Supervisor Signature:** _____ **Date:** _____

- **HR Representative Signature:** _____ **Date:** _____