

Work Performance Review Form

Employee Details

- Name: _____
- Position: _____
- Employee ID: _____
- Department: _____
- Evaluation Period: _____

Performance Assessment

Category	Excellent	Satisfactory	Needs Improvement	Comments
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Customer Interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Technical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership	<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"/>	

Performance Highlights

- What are the employee's strengths?

- What areas need improvement?

- Recommended actions for performance improvement:

Employee Comments

Final Decision

- Performance Rating: ☐ Outstanding ☐ Meets Expectations ☐ Below Expectations
- Additional Comments:

Acknowledgment

- Employee Signature: _____ Date: _____
- Manager Signature: _____ Date: _____
- HR Signature: _____ Date: _____