

EMPLOYEE APPRAISAL FORM

Reviewing Date: _____

Employee Name: _____

Employee ID #: _____

Position: _____

Current Salary: _____

Date of Next Review: _____

Performance Category	Scores	Remarks
Ability at the position		
Attendance		
Leadership Ability		
Ability to meet deadlines		
Organizational Skills		
Quality of Work		
Team Work Ability		
Team Player Abilities		

Future Goals Discussed: _____

Supervisor / Appraiser Comments: _____

Employee Comments: _____

Supervisor/ Appraiser Signatures: _____

Employee Signatures: _____