

Annual Employee Performance Review Report

Employee Information

Name	_____
Employee ID	_____
Department	_____
Position	_____
Review Period	_____
Reviewer	_____

Performance Criteria

Criteria	Rating (1-5)	Comments
Quality of Work	_____	_____
Productivity	_____	_____
Communication Skills	_____	_____
Teamwork & Collaboration	_____	_____
Attendance & Punctuality	_____	_____
Initiative & Innovation	_____	_____
Adaptability	_____	_____

Key Achievements

Areas for Improvement

Goals for Next Review Period

Overall Comments

Employee Signature

Date: _____

Reviewer Signature

Date: _____

Important Notes

- This review form should be completed honestly and objectively by the reviewer.
- Performance ratings should be supported by specific examples when possible.
- Employees are encouraged to discuss the review and feedback with the reviewer.
- All information is confidential and intended for use in employee development.
- Signatures confirm that the review has been discussed, not necessarily agreement with all comments.