

Departmental Employee Performance Review Form

Employee Information

Employee Name

Department

Position/Title

Review Period

e.g. Jan 2024 - Jun 2024

Reviewer Name

Performance Criteria

#	Criteria	Rating (1-5)	Comments
1	Job Knowledge	<input type="text"/>	<input type="text"/>
2	Work Quality	<input type="text"/>	<input type="text"/>
3	Attendance & Punctuality	<input type="text"/>	<input type="text"/>
4	Communication	<input type="text"/>	<input type="text"/>
5	Teamwork	<input type="text"/>	<input type="text"/>
6	Problem Solving	<input type="text"/>	<input type="text"/>

Overall Performance Summary

Comments

Goals & Action Plans

Goals for Next Period

Recommended Actions

Signatures

Employee Signature

Date

Reviewer Signature

Date

Important Notes

- This form should be used to provide constructive feedback and promote professional growth.
- Ratings must be based on observable behaviors and results during the review period.
- Employees should be encouraged to discuss their feedback and set specific goals.
- All information in this document is confidential and intended for HR purposes only.
- Both the employee and reviewer should sign after completing the discussion.