



Employee Evaluation Form

Employee Name	
Employee ID	
Position or Title	
Department	
Reviewer Name	
Reviewer Title	
Review Date	
Evaluation Period	

Overall Performance Rating

Overall Performance Grade	Rating	Key Comments

Objectives and Performance Metrics

Objective	Performance Metric	Weight (%)	Attainment (%)	Comments

Competency and Skill Assessment

Competency	Weight (%)	Attainment (%)	Comments

Employee Self-Assessment

Self-Evaluation Topic	Employee Comments
Describe your key achievements during this evaluation period.	
What challenges did you face, and how did you address them?	
What areas do you think you can improve?	
What support or resources would help you perform better?	

Manager Assessment of Employee

Assessment Topic	Manager Comments
Key Strengths and Contributions	
Performance Challenges and Improvement Areas	

Professional Development

Development Area	Suggested Training or Resources	Milestone or Checkpoints	Target Completion Date

Final Evaluation and Approval

Final Performance Score	
Decision (Satisfactory / Needs Improvement)	
Notes	

Signatures

Employee Signature	Reviewer Signature
Date	Date

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