



Annual Appraisal Form

Employee Name:	
Employee Title:	
Department:	Start Date

Instructions:

Please use a computer with a pdf reader to fill this form. The form should be signed after discussion with your supervisor and a copy will be shared with you for future reference.

General Instructions:

This form is designed to communicate performance and offer guidance on improvement every 12 months. It must be completed by the supervisor, providing a narrative to review key performance metrics in the 8 areas during the evaluation period.

Below we will set goals for both your annual performance improvement and future development. Please discuss these with your manager/Supervisor before signing this form.

Performance Metrics	Manager Feedback
A. Job Knowledge	
B. Work Quality	
C. Attendance & Punctuality	
D. Productivity	
E. Communications Skills	
F. Dependability	
G. Employee Development Initiative	
H. Other Metrics (Optional)	



Performance Goals
1.
2.
3.

Professional Development Goals
1.
2.
3.

By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.

Employee Name (Print)	Date	Employee Signature	Date

Supervisor Name (Print)	
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Supervisor Signature	
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