

# EMPLOYEE ASSESSMENT



Employee Name:  
Fama, Alijah Miguel V.

Date of Birth: 01 [REDACTED]

Status: [REDACTED]

Rank: [REDACTED]

Employee Overall Assessment

Date:

Evaluator in Charge:

Employee ID:

[REDACTED]

Evaluator Signature:

Observation Log:

The observed personnel is currently [REDACTED]

[REDACTED]

[REDACTED] incapable of

[REDACTED]

[REDACTED]