

# Employee Appraisal Form

## Employee Details

- Employee Name: \_\_\_\_\_
  - Employee ID: \_\_\_\_\_
  - Department: \_\_\_\_\_
  - Designation: \_\_\_\_\_
  - Appraisal Period: \_\_\_\_\_
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## Section A: Achievements & Performance

What are your achievements so far?

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What achievements are you most proud of?

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How do you rate yourself for performance? (1–5)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How would you rate your overall performance during this review period? (1–5)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

## **Section B: Skills & Development**

Do you like to improve your skills in our organisation?

☐ Yes ☐ No – If yes, specify: \_\_\_\_\_

Do you learn differently in our organisation on your skills?

☐ Yes ☐ No – Please explain: \_\_\_\_\_

Do you feel that the quality of your work has improved over time?

☐ Yes ☐ No – If yes, what specific changes have you made?

Do you feel you have the necessary resources and support to perform your job effectively?

☐ Yes ☐ No – Please specify: \_\_\_\_\_

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## **Section C: Organisation & Support**

Any changes needed in our organisation as per your perspective?

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Should we make any improvement or changes in the organisation?

Do you need any TL (Team Leader) to train you or an assistant to help?

☐ Yes ☐ No – If yes, specify: \_\_\_\_\_

Are you following all the rules and regulations in our organisation?

☐ Yes ☐ No

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## Section D: Challenges

Are there any challenges or obstacles you've faced that have impacted your work?

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## Manager's Comments

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## Final Rating (1–5)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

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## Signatures

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Manager: \_\_\_\_\_ Date: \_\_\_\_\_

HR: \_\_\_\_\_ Date: \_\_\_\_\_