

# **Quarterly Performance Appraisal paper**

## **1. Employee Details**

Field	Details
Employee Name	
Employee ID	
Department / Line	
Job Title	
Supervisor	
Evaluation Period	4 <sup>th</sup> Quarter of 2025
Evaluation Date	

## **2. Performance Criteria**

#	Criteria	Description	Rating (1–5)	Remarks
1	<b>Productivity / Output</b>	Meets or exceeds daily/weekly on production targets.		
2	<b>Quality of Work</b>	Produces (contributes) work that meets quality standards with minimal rework or defects.		
3	<b>Attendance &amp; Punctuality</b>	Reports to work on time; follows shift schedules and break times.		
4	<b>Safety Compliance</b>	Follows all safety procedures, uses PPE correctly, reports hazards.		
5	<b>Machine Operation Skills</b>	Efficient in operating assigned machines/equipment.		
6	<b>Teamwork &amp; Cooperation</b>	Works well with team members, supports others, communicates effectively.		
7	<b>Adaptability &amp; Learning</b>	Responds positively to new tasks, instructions, and training.		
8	<b>Housekeeping (5S)</b>	Keeps workstation clean and organized, follows 5S principles.		
9	<b>Discipline &amp; Attitude</b>	Follows company rules, shows positive attitude and respects.		
10	<b>Initiative &amp; Responsibility</b>	Takes ownership of tasks, suggests improvements.		

### **Rating Scale:**

1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent

### **3. Overall Performance Summary**

Section	Rating
<b>Average Score</b>	
<b>Performance Level</b>	<input type="checkbox"/> Needs Improvement <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Excellent
<b>Eligible for Bonus / Promotion</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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### **4. Supervisor's Comments** (*Summarize key strengths, areas for improvement, and recommendations.*)

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### **5. Employee's Comments** (*Employee can share feedback or concerns.*)

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### **6. Signatures**

Evaluated By	Signature	Date
Supervisor		
Department Head		
Employee		