

Confidential Employee Performance Assessment Form

This assessment form is **CONFIDENTIAL** and intended for authorized personnel only. Please ensure all information is accurate and secure.

Employee Details

Employee Name:

Position/Title:

Department:

Review Period:

e.g., January 2024 - June 2024

Assessment Date:

Performance Criteria

Key Achievements:

List major accomplishments during the assessment period.

Strengths:

Describe the employee's strengths.

Areas for Improvement:

Identify areas where improvement is needed.

Goals for Next Period:

Set clear and measurable objectives for the next review period.

Overall Performance Rating

Select Rating:

--Select--

Manager Comments:

Provide additional feedback or observations.

Signatures

Manager Name:

Signed...

Manager Signature:

Signed...

Employee Signature:

Signed...

Date Signed:

This form is to be retained securely and is for internal use only.