

# Freight Operations Performance Appraisal

Date: [Insert Date]

To: [Employee's Name]

Position: [Employee's Position]

Department: Freight Operations

Supervisor: [Supervisor's Name]

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## Performance Evaluation Period:

[Start Date] to [End Date]

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## Performance Metrics:

- Timeliness of Deliveries: [Rating/Comments]
  - Cost Management: [Rating/Comments]
  - Customer Satisfaction: [Rating/Comments]
  - Safety Compliance: [Rating/Comments]
  - Operational Efficiency: [Rating/Comments]
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## Strengths:

[Insert specific strengths observed during the appraisal period]

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## Areas for Improvement:

[Insert areas where improvement is needed]

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## Goals for Next Review Period:

1. [Goal 1]

2. [Goal 2]

3. [Goal 3]

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## **Overall Rating:**

[Overall Rating]

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Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date of Review: \_\_\_\_\_