

Employment Skills Appraisal

Date: [Insert Date]

Employee Name: [Insert Employee Name]

Position: [Insert Position]

Department: [Insert Department]

Supervisor: [Insert Supervisor Name]

Skills Assessment

Skill	Rating (1-5)	Comments
Communication	[Insert Rating]	[Insert Comments]
Teamwork	[Insert Rating]	[Insert Comments]
Problem Solving	[Insert Rating]	[Insert Comments]
Time Management	[Insert Rating]	[Insert Comments]
Technical Skills	[Insert Rating]	[Insert Comments]

Overall Assessment

[Insert overall assessment comments]

Employee Comments

[Insert employee comments]

Signatures

Employee Signature: _____

Supervisor Signature: _____