

Carrier Performance Appraisal

Date: _____

Employee Name: _____

Position: _____

Manager/Supervisor: _____

Performance Evaluation

1. Job Knowledge and Skills:

Rating: _____

Comments: _____

2. Quality of Work:

Rating: _____

Comments: _____

3. Communication Skills:

Rating: _____

Comments: _____

4. Teamwork and Collaboration:

Rating: _____

Comments: _____

5. Dependability:

Rating: _____

Comments: _____

Overall Performance Summary

Overall Rating: _____

Summary Comments: _____

Goals for the Next Review Period

1. _____

2. _____

3. _____

Employee Signature: _____

Manager Signature: _____