



EMPLOYEE APPRAISAL FORM

EMPLOYEE DETAILS			
Name	Designation	Employee ID	Site
Last Increment Amount	Last Increment Date	Current Salary	D.O.J

REVIEWER DETAILS			
Name	Designation	Employee ID	Site

Mark the number that corresponds to the description of the employee reviewed from your perspective, for every item.

Job Knowledge (Max. 35)	
Productivity (Max. 35)	
Attendance (Max. 10)	
Discipline (Max. 15)	
Safety (Max. 5) (Write N/A for Office Staff)	
Team Work & Support (Max. 5) (Write N/A for Labours)	
TOTAL (Out of 100)	

REVIEWER REMARKS	SIGNATURE

MANAGER REMARKS	SIGNATURE

HR REMARKS	SIGNATURE

GENERAL MANAGER REMARKS	SIGNATURE