

Work Performance Verification Sheet

Employee Name:

Employee ID:

Department:

Supervisor Name:

Evaluation Period:

Performance Criteria

Criteria	Comments	Rating (1-5)
Quality of Work	<input type="text"/>	<input type="text"/>
Productivity	<input type="text"/>	<input type="text"/>
Attendance & Punctuality	<input type="text"/>	<input type="text"/>
Teamwork	<input type="text"/>	<input type="text"/>
Communication	<input type="text"/>	<input type="text"/>

Overall Comments

Verified by

Supervisor Signature:

Date: