

Service Delivery Appraisal Sheet

Employee Name:	<input type="text"/>
Position/Title:	<input type="text"/>
Department:	<input type="text"/>
Date of Appraisal:	<input type="text"/>

Criteria	Rating (1-5)	Comments
Responsiveness	<input type="text"/>	<input type="text"/>
Quality of Service	<input type="text"/>	<input type="text"/>
Timeliness	<input type="text"/>	<input type="text"/>
Professionalism	<input type="text"/>	<input type="text"/>
Communication	<input type="text"/>	<input type="text"/>

Overall Comments:

Appraiser's Name:

Signature:

Date:

Submit