

Customer Service Staff Appraisal Form

Employee Name

Job Title

Department

Appraisal Period

Date

Performance Criteria

Criteria	Rating (1-5)	Comments
Product Knowledge	<div></div>	<div></div>
Communication Skills	<div></div>	<div></div>
Problem Solving	<div></div>	<div></div>
Professionalism	<div></div>	<div></div>
Teamwork	<div></div>	<div></div>
Attendance & Punctuality	<div></div>	<div></div>

Strengths

Areas for Improvement

Goals & Action Plan

Appraiser Name

Employee Signature

Appraiser Signature