

Retail Cashier Performance Appraisal Form

Employee Name

Employee ID

Position

Department

Appraisal Period

Appraisal Date

Appraiser Name

Performance Criteria

Criteria	Rating (1-5)	Comments
Customer Service	<div></div>	<div></div>
Cash Handling Accuracy	<div></div>	<div></div>
Speed & Efficiency	<div></div>	<div></div>
Attendance & Punctuality	<div></div>	<div></div>
Teamwork	<div></div>	<div></div>
Product Knowledge	<div></div>	<div></div>
Appearance & Hygiene	<div></div>	<div></div>

Overall Performance Comments

Areas of Strength

Areas for Improvement

Employee Comments

Appraiser Signature

Employee Signature