FIRST UNDERWRITERS
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ANNUAL REVIEW FORM

Confidential — Employee Performance Evaluation

INSTRUCTIONS: This form should be completed by the direct supervisor prior to the review meeting.
The employee should receive a copy to prepare self-assessment comments. Both parties should sign upon completion.
Ratings: 1 = Unsatisfactory | 2 = Needs Improvement | 3 = Meets Expectations | 4 = Exceeds Expectations | 5 = Outstanding

SECTION 1 — EMPLOYEE INFORMATION

Employee Name (Last, First, MI) _____ Employee ID / Number _____ Review Date _____

Job Title / Position _____ Department _____ Date of Hire _____

Supervisor / Reviewer Name _____ Supervisor Title _____ Review Period: From _____ To _____

Employment Status: ☐ Full-Time ☐ Part-Time ☐ Temporary Review Type: ☐ Annual ☐ Other

SECTION 2 — PERFORMANCE RATINGS

	1	2	3	4	5
Job Knowledge & Skills Understanding of role requirements, technical proficiency, and applied expertise	☐	☐	☐	☐	☐
Quality of Work Accuracy, thoroughness, attention to detail, and consistency of output	☐	☐	☐	☐	☐
Productivity & Efficiency Volume of work completed, time management, and meeting deadlines	☐	☐	☐	☐	☐
Communication Clarity in written and verbal exchanges, active listening, and responsiveness	☐	☐	☐	☐	☐
Teamwork & Collaboration Cooperation with colleagues, contribution to team goals, and interpersonal skills	☐	☐	☐	☐	☐
Initiative & Problem Solving Self-motivation, resourcefulness, and ability to identify and resolve issues	☐	☐	☐	☐	☐
Dependability & Attendance Reliability, punctuality, adherence to schedules, and follow-through	☐	☐	☐	☐	☐
Adaptability Flexibility in handling change, willingness to learn, and response to feedback	☐	☐	☐	☐	☐
Leadership & Supervision Ability to guide, motivate, and develop others (if applicable)	☐	☐	☐	☐	☐
Customer / Client Focus Responsiveness to internal and external stakeholders, service orientation	☐	☐	☐	☐	☐
OVERALL RATING	☐	☐	☐	☐	☐

SECTION 3 — KEY ACCOMPLISHMENTS DURING REVIEW PERIOD

List the employee's most significant achievements, completed projects, and contributions during the review period.

SECTION 4 — AREAS OF STRENGTH

Identify the employee's core strengths and competencies that positively impact their performance and the organization.

SECTION 5 — AREAS FOR IMPROVEMENT

Describe specific areas where the employee can improve performance, skills, or professional development.

SECTION 6 — GOALS FOR NEXT REVIEW PERIOD

Set specific, measurable goals and objectives for the upcoming review period. Include target completion dates where possible.

Goal / Objective	Target Date	Priority (H / M / L)
1.		
2.		
3.		
4.		
5.		

SECTION 7 — PROFESSIONAL DEVELOPMENT PLAN

Identify training, certifications, mentoring, or other development activities to support the employee's growth.

Development Activity / Training	Purpose / Expected Outcome	Timeline
1.		
2.		
3.		
4.		

SECTION 8 — EMPLOYEE SELF-ASSESSMENT / COMMENTS

Employee: Please provide your perspective on your performance, accomplishments, challenges, and development goals.

SECTION 9 — ADDITIONAL REVIEWER COMMENTS

SECTION 10 — SIGNATURES & ACKNOWLEDGMENT

By signing below, the employee acknowledges that this review has been discussed and a copy has been received. The employee's signature does not necessarily indicate agreement with the evaluation. The employee may attach additional written comments within 10 business days of receiving this review.

Supervisor / Reviewer:

Printed Name | Signature | Date

Employee:

Printed Name | Signature | Date

Department Head / HR:

Printed Name | Signature | Date

RECORD RETENTION: This completed form should be placed in the employee's personnel file. Copies should be provided to the employee and the supervisor. Retain in accordance with your organization's document retention policy.