



POSITION TITLE

Employee Performance Review

EMPLOYEE INFORMATION	
Name	GREGORY LARSEN
Job Title	COMMUNITY JUSTICE NAVIGATOR + PUBLIC LEGAL EDUCATION OFFICER
Department	LEGAL SERVICES
Review Period	APRIL - JUNE - 2024
Employee ID	
Date	14-JUNE-24
Manager	RENZO CARON (FOR AMANDA RATTE)

RATINGS	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	GOOD JOB KNOWLEDGE AND CONTINUES TO DEVELOP SAME. BETWEEN GOOD + EXCELLENT.				
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	CONTINUES TO DEVELOP. APPROACHING EXCELLENT LEVEL.				
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments	EXCELLENT ATTENDANCE				
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	CONSISTENTLY ASKS HOW HE MAY ASSIST HIS TEAM.				
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	GOOD OVERALL COMMUNICATION / LISTENING SKILLS - ACTIVE LISTENER				
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments	VERY DEPENDABLE.				
Overall Rating (average the rating numbers above)	4.5				

EVALUATION
ADDITIONAL COMMENTS
GOOD SELF-EVALUATION - REFLECTS ON AREAS OF STRENGTH AND HOW DEVELOPMENT MAY CONTINUE.
GOALS (as agreed upon by employee and manager)
TO FULFIL DUTIES + RESPONSIBILITIES OF POSITION AND TO CONTRIBUTE TO EFFICIENT (SMOOTH) OPERATION OF STARLINK THAT IS CONSISTENT + RELIABLE.

VERIFICATION OF REVIEW	
By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.	
Employee Signature	GREGORY S. LARSEN
Date	14-JUNE-2024
Manager Signature	R. CARON
Date	14-JUNE-2024