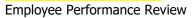
POSITION TITLE





| EMPLOYEE INFORMATION | | | | | | |
|--|----------|----------|------------------|----------|---------------|--|
| Name | | | Employee ID | | | |
| Job Title | | | Date | | | |
| Department | | | Manager | | | |
| Review Period | | | | | | |
| | | | | | | |
| RATINGS | | | | | | |
| | 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent | |
| Job Knowledge | Ш | Ш | | | | |
| Comments | | | | | | |
| Work Quality | | | | | | |
| Comments | | | | | | |
| Attendance/Punctuality | | | | | | |
| Comments | | | | | | |
| Initiative | | | | | | |
| Comments | | | | | | |
| Communication/Listening Skills | | | | | | |
| Comments | | | | | | |
| Dependability | | | | | | |
| Comments | | | | | | |
| Overall Rating (average the rating numbers above) | | | | | | |
| | | | | | | |
| EVALUATION | | | | | | |
| ADDITIONAL COMMENTS | | | | | | |
| GOALS (as agreed upon by employee and manager) | | | | | | |
| | | | | | | |
| 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 | | | Date | | | |
| Manager Signature | | | Date | | | |

Goals and Performance Plan (GPP) – due by January $31^{\rm st}$, reviewed in July

| Date: | Name of employee: | Name of supervisor: |
|--|-------------------|---------------------|
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| Employee's main goals for this year: | | |
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| How progress towards the goals will be measured: | | |
| be measured: | | |
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| Next meeting date: | | |
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