

Employee Performance Review

Please fill out the following form.

Employee Name: _____ Position: _____

Supervisor Name: _____ Department: _____

Reason for Review:

Unscheduled 90 Days Annual Position Action Plan Other

Employee's ability to perform job function:

Employee's work ethic and teamwork:

Areas of improvement:

Objectives to be met before next review:

Supervisor Comments:

Employee Comments:

Employee Acknowledgement:

My signature indicates that this notice has been discussed with me and that I understand its contents.

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____