

## **PERFORMANCE REVIEW**

Employee Informatio	n:						
Employee Name:		Department:					
Review Period:		Date of Review:					
Performance Review	/ <b>:</b>						
Ability to Accomplish Responsibilities							
Goal Achievements							
Suggested Areas for In	nprovement						
- 50	•						
Demonstration of Core Values and Competencies							

Professional Development Plan									
Additional Comments/Overall Appreciation									
Overall Performance Review Rating:									
Needs Improvement		Succeeded (-)		Succeeded (+)	E	xceeds expectations			
Destarrance Deviewed Dur									
Performance Reviewed By:									
Reviewer Name:			Revie	ewer Position:					
Employee Consent ar	nd Sig	nature:							
Statement				YES	NO	N/A			
I have read and understood the current Performance Management Appraisal.									
I agree with the current Performance Management Appraisal, and I have provided									

If I have some areas for improvement, my manager provided me with sufficient advanced notice to course correct.

If my manager did not provide me with sufficient advanced notice to course correct, we have agreed on a specific period for me to course correct.

Statement	YES	NO	N/A
I have been made aware of the consequences if no significant improvement is noted in my work performance.			
I have been made aware of the goals of a performance improvement plan (PIP) if my performance does not improve, where applicable.			
I have been provided with professional development opportunities to allow me to develop new skills or improve on some pre-existing ones.			
To my knowledge this performance improvement plan has been conducted fairly and impartially.			
Employee Comments:			
Employee Name: Employee Signature:			