|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | Performance Period: | From:  |  | To:  |  |
|  Employee ID:  |  | Working Title: |  | Department: |  |
|  Appraisal Type: | [ ]  6 Month | [ ]  | [ ]  Annual Evaluation | [ ]  | [ ]  Other (specify):       |

|  |  |  |
| --- | --- | --- |
| [ ] [ ]  | [ ] [ ]  | [ ] [ ]  |
| Needs Improvement | Meets Expectations | Exceeds Expectations |

**Overall Performance Comments:**

**Goals:**

**SIGNATURES:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  Date: |  |
| Evaluator: |  | Signature |  |  |  |
|  |  |  |  |  Date: |  |
| Reviewer: |  | Signature |  |  |  |
|  |  |  |  |  Date: |  |
| Employee: |  | Signature |  |  |  |