



Supervisor

Employee Performance Review

Employee Name:	Title:	Evaluation Period:	Performance Ranking:
Supervisor Name:	Title:	Department:	Choose Item

Achievements, Accomplishments, and Strengths

Strategic Plan Objective(s)

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Goals and Objectives for Development/
Improvement:

Strategic Plan Objective(s)

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Supervisor Comments:

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Plan of Improvement (if needed). Please attach documentation.

Supervisor

Date

Employee

Date