

# MID-YEAR EVALUATION

PLEASE TYPE OR PRINT:

<b>EMPLOYEE:</b>		<b>REVIEW PERIOD:</b>	
<b>DEPARTMENT:</b>		<b>SUPERVISOR:</b>	

THE EMPLOYEE AND SUPERVISOR HAVE DISCUSSED THE ISSUES ON THIS FORM AS PART OF THE MID-YEAR REVIEW PROCESS. PROGRESS ON GOALS IDENTIFIED ON THE ANNUAL PERFORMANCE APPRAISAL FORM IS NOTED BELOW. ANY CHANGES IN THE EMPLOYEE'S JOB DESCRIPTION OR GOALS SHOULD BE NOTED ON THE REVERSE SIDE OF THIS FORM AS WELL AS AREAS OF WORK REQUIRING IMPROVEMENT.

## PROGRESS ON / REVISION OF GOALS:

## COMMENTS

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**SUPERVISOR SIGNATURE**

**DATE**

**EMPLOYEE SIGNATURE\***

**DATE**

\*EMPLOYEE SIGNATURE DOES NOT INDICATE AGREEMENT, ONLY THAT THE SUPERVISOR HAS REVIEWED THE PERFORMANCE APPRAISAL WITH THE EMPLOYEE. THE EMPLOYEE MAY RESPOND IN WRITING WITHIN FIVE (5) WORKING DAYS FROM THE DATE OF HIS/HER SIGNATURE. ANY EMPLOYEE RESPONSE SHOULD BE ATTACHED TO THIS DOCUMENT.