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| ANNUAL PERFORMANCE EVALUATION CYCLE | | <i>(Dates From/To):</i> | | | to | |
| Dept. Name: | | Employee Name: | | | | |
| Supervisor Name: | | Employee ID: | | | | |
| Supervisor Title: | | Employee Title: | | | | |

INTERIM REVIEW (OPTIONAL)

During the performance cycle, the supervisor may conduct an interim review with the employee to provide performance feedback.

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| Date of Review: | |
| Supervisor Comments: | |

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|---------------------------|--|
| Employee Comments: | |
|---------------------------|--|

SIGNATURES FOR INTERIM REVIEW

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|--------------------|--|--------------|--|
| Supervisor: | | Date: | |
| Employee: | | Date: | |