

PERFORMANCE NARRATIVE

Areas of strength in job performance during the past evaluation period.	
Areas requiring improvement.	
Additional Comments.	

EVALUATION TYPE, check one: PROBATIONARY PERMANENT RE-EVALUATION SPECIAL
(1st 2nd)

OVERALL EVALUATION, check one: UNSATISFACTORY NEEDS IMPROVEMENT SATISFACTORY

Note to Supervisor: If the overall evaluation is marked "Needs Improvement" or "Unsatisfactory", then an Improvement Plan must be attached.

Employee Signature

Date

Supervisor Signature

Date

This evaluation was completed, check one: On Time Late

If late, please provide an explanation below.

Supervisor Signature

Date

A copy of the evaluation will be placed in the employee's personnel file. The employee shall have a right to have attached written comments rebutting any comments made in the evaluation. In order for the employee's written rebuttal comments to be attached, such comments must be received by Human Resources within twenty (20) working days of receipt of the evaluation.