



**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  
(  1<sup>st</sup>  2<sup>nd</sup> )

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.