

SUPPORT STAFF PERFORMANCE APPRAISAL
Supervisor's Report

Name _____ Date _____

Job Title _____ Place of Employment _____

Supervisor: _____ Position _____

A. Areas of concern as identified on Performance Review Form 435 - 1

1. _____

2. _____

3. _____

4. _____

5. _____

B. Plan for addressing each area of concern (include time frame)

1. _____

2. _____

3. _____

-
4.

-
5.

-

C. Date of next meeting to review progress _____

I acknowledge that I have read and understand the content of this appraisal, but this does not necessarily indicate that I agree with its content.

Employee's Signature _____ **Date** _____

Supervisor's Signature _____ **Date** _____

D. Follow-up Comments

- Employee has made satisfactory progress regarding concerns.
- Employee has not made satisfactory progress regarding concerns.

I hereby recommend that the following actions be taken: _____

Supervisor's Signature _____ **Date** _____

I acknowledge that I have read and understand the content of this appraisal, but this does not necessarily indicate that I agree with its content.

Employee's Signature _____ **Date** _____