



Form 5: Performance Review: Employer and Employee
To be completed at the end of the process by the Employer and Employee

Employee name _____ Position title _____

Employer / Library name _____

This memo will confirm that the performance appraisal interview process for

_____ (Employee's name)

of the _____ (Law Association)

was completed on _____ (date)

with _____
(name(s) of Manager and / or Library Chair and / or Board Member).

- ☐ The _____ Law Association does not need to make a special compensation / salary band recommendation for this staff person.
- ☐ The _____ Law Association would like to make a special compensation / salary band recommendation for this staff person. Documentation supporting this request is attached for consideration in the LibraryCo budgeting process. Please contact

_____ (name and title) at

_____ (phone #) if further information is needed.

Employee's signature: _____ **Date:** _____

Employer's signature: _____ **Date:** _____