



**6. Additional comments.**

**SIGNATURES**

*Employee's signature below only confirms that the evaluation has been discussed with the employee and does not indicate agreement or disagreement with the content. Furthermore, this form does not indicate continued employment. This position serves at the pleasure of the Governor/appointing authority and may be terminated at any time.*

EMPLOYEE SIGNATURE	DATE	SUPERVISOR SIGNATURE	DATE
REVIEWER SIGNATURE	DATE	HUMAN RESOURCES SIGNATURE	DATE

**ADDITIONAL FORMS ATTACHED**

<input type="checkbox"/> EMERGENCY CONTACT FORM	<input type="checkbox"/> POSITION DESCRIPTION: <b>Revised</b> to reflect duties since the last annual review.
<input type="checkbox"/> INDIVIDUAL DEVELOPMENT PLAN	<input type="checkbox"/> POSITION DESCRIPTION: The PD <b>on file</b> , dated _____ continues to reflect duties of position.

*cc: Supervisor's File; Employee; Supervisor's Manager; and Personnel File*