

Performance Evaluation for Clerical & Support Staff

Prepare in duplicate:

Original—Employing Dept File
Copy—To the Employee

Employee's Name		Department		Division	
Payroll Title (Class)		Date Hired	Length of time in present job Yrs Mos	Period covered FR	by Evaluation TO
Supervisor's Name		Supervisor's Payroll Title		Length of Time you have supervised this employee Years Mos	

PERFORMANCE EVALUATION

Enter One

Su = Superior
MS = More than Satisfactory
S = Satisfactory
IN = Improvement Needed
U = Unsatisfactory

Retn: Office of Record: 5 Years After Separation
Other copies: 3 - 5 Years After Evaluation

Insert cells as needed

Job Responsibilities for Period of Evaluation	Comments and Objectives	Rating

Overall Evaluation (Check one)

Unsatisfactory	Improvement Needed	Satisfactory	More than Satisfactory	Superior

Future Plans and Actions

XXX

Signature of Immediate Supervisor	Date	Employee's Signature
Department Head Signature	Date	Your signature indicates neither agreement nor disagreement with the evaluation, but it does indicate that you have read the evaluation, and it has been discussed with you. If you wish, you may comment in the space below.

Employee Comments

XXX