

EVALUATION OF SUPPORT STAFF (Cont.)

COMMENTS

1. What are employee's strengths? (MUST be completed for outstanding ratings.)

2. What are employee's weaknesses? (MUST be completed for Unsatisfactory and Improvement Needed ratings.)

3. Additional comments.

I have discussed this performance rating with the evaluator.

I certify this evaluation has been discussed with me. I understand my signature does not necessarily indicate agreement.

Employee's signature

Date

Evaluator's signature

Date