

HOURLY EMPLOYEE PERFORMANCE REVIEW FORM

Name:				Employee ID #:																																																														
Job Title:			Position #:			Review Date:																																																												
Department:			Department #:			Review Period From: _____ To: _____																																																												
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Recognition/Comments: Needed Improvements:																																																																		
I have discussed the contents of this form with my supervisor and have been advised of my performance status.		I have discussed the progress of this employee relative to the employee's performance.		<input type="checkbox"/> Employee is eligible for Performance Based increase		<input type="checkbox"/> Employee is NOT eligible for Performance Based increase																																																												
_____ Employee's Signature		_____ Supervisor's Signature		_____ Appointing Authority's Signature		_____ Date																																																												