

EXPLANATION OF RATINGS: Provide specific behavioral examples of each strength or problem area.

ACTION PLANS FOR THE COMING PERIOD (BASED ON THIS REVIEW) TO CORRECT PROBLEM AREAS:

ACTION PLANS FOR THE COMING PERIOD TO MEET AGREED UPON PERSONAL AND ASCC OBJECTIVES

EMPLOYEE REVIEW:
Please check (☑) the appropriate box below

SUPERVISOR REVIEW:
Please check (☑) the appropriate box below

- I am in agreement with the evaluation.
- I am in agreement with the evaluation with the exceptions noted below.
- I disagree with the evaluation as noted below.

- I am in agreement with the evaluation.
- I am in agreement with the evaluation with the exceptions noted below.
- I disagree with the evaluation as noted below.

COMMENTS:

COMMENTS:

NEXT STEP INCREMENT: ____ YES ____ NO

SIGNATURES: _____
Supervisor Date

Employee Date

Reviewed by: _____
Department Dean/Director Date

Human Resource Director Date