

UW-MADISON CLASSIFIED EMPLOYEE PERFORMANCE REVIEW

Name: _____

Title: _____ Department: _____

Supervisor: _____ Review Period: _____ to _____

Goals/Objectives	Performance Expectations	Results

Name: _____ Review Period: _____ to _____

Goals/Objectives	Performance Expectations	Results

Name: _____ Review Period: _____ to _____

Development Goals (job related)	Achievement of Development Goals
Employee's comments: <i>(optional)</i>	

My supervisor has discussed this performance appraisal with me, and I have had the opportunity to respond. NOTE: The employee's signature does not indicate agreement, but attests that the employee has had an opportunity to read and discuss this review.

Date of 1st Session _____

Date of Results Review Session _____

Employee Signature _____

Employee's Signature _____

Supervisor's Signature _____

Supervisor's Signature _____

Manager's Signature _____
(Optional)

Manager's Signature _____
(Optional)

DISTRIBUTION INSTRUCTIONS FOR SUPERVISOR: Make 2 Copies. Supervisor keeps 1 copy. Give 1 copy to employee. After results are completed, return original to the Classified Personnel Office.