

# UW-MADISON CLASSIFIED EMPLOYEE PERFORMANCE REVIEW

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Review Period: \_\_\_\_\_ to \_\_\_\_\_

<b>Goals/Objectives</b>	<b>Performance Expectations</b>	<b>Results</b>

Name: \_\_\_\_\_ Review Period: \_\_\_\_\_ to \_\_\_\_\_

<b>Goals/Objectives</b>	<b>Performance Expectations</b>	<b>Results</b>

Name: \_\_\_\_\_ Review Period: \_\_\_\_\_ to \_\_\_\_\_

Development Goals (job related)	Achievement of Development Goals
<b>Employee's comments:</b> <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 1<sup>st</sup> 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.