

**2020 annual Performance CONVERSATION**

**Employee Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | First Name | Last Name |  | ID Number |       |
| Position |       |  | Date |       |
| Department |       |  |  |  |
| Strengths Themes | Theme 1 | Theme 2 | Theme 3 | Theme 4 | Theme 5 |

**SUPERVISOR INFORMATION:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | First Name | Last Name |  | ID Number  |       |

The purpose of the form is to guide the performance conversation and provide a written record of an employee’s performance. The supervisor should complete sections 1- 4 and the overall rating. Employee and supervisor should partner together to set goals for the coming year.

1. Accomplishment of Essential Functions:

|  |
| --- |
| Enter text |

1. Accomplishment of Goals:

|  |
| --- |
| Enter text |

1. Other Noteworthy Accomplishments:

|  |
| --- |
| Enter text |

1. Opportunities for Growth and Development:

|  |
| --- |
| Enter text |
| Performance Rating Scale |
| 1. Needs improvement
2. Meets minimum requirements
3. Solid, consistent performance
4. Extraordinary performance
 |

|  |  |
| --- | --- |
| **Overall Rating:** | Select one rating from above |

**Next Year’s Goals:**

|  |
| --- |
| 1. Identify and describe one goal for your position based on your department’s needs in the coming year. Include how you will use your Strengths Themes. |
| Enter text |
| 1a. What specific actions do you want to take toward reaching this goal by the October 2020 check-in point? |
| Enter text |
| 1b. What specific actions do you want to take toward reaching this goal by the February 2021 check-in point? |
| Enter text |
| 2. Identify and describe one goal that energizes you that aligns with your position and your department’s needs. Include how you will use your Strengths Themes. |
| Enter text |
| 2a. What specific actions do you want to take toward reaching this goal by the October 2020 check-in point? |
| Enter text |
| 2b. What specific actions do you want to take toward reaching this goal by the February 2021 check-in point? |
| Enter text |

Employee Comments (optional):

Enter text

***I have reviewed this document and discussed the contents with my supervisor. My signature does not necessarily imply that I agree with this evaluation.***

Employee’s Signature Date

***Signature indicates I have discussed and reviewed this performance review with the employee.***

Supervisor's Signature \_\_\_\_\_\_\_ Date:

##### FORWARD ORIGINAL TO HUMAN RESOURCES BY JULY 31st, 2020 AND PROVIDE A COPY TO EMPLOYEE.

**(After review has been completed and reviewed by all parties above.)**

Human Resources Signature Date