

SVM PERFORMANCE MANAGEMENT REVIEW DOCUMENTATION FORM

Employee: _____	Supervisor: _____
Job Title: _____	Department: _____
Appointment Type: <input type="checkbox"/> University Staff <input type="checkbox"/> Academic Staff <input type="checkbox"/> Limited	If employee was hired within the last year; enter these dates: Hire Date: _____ Probation End Date: _____

GOAL-SETTING SESSION: Within 30 days for new hires & Annually for ALL employees

Date completed: _____

*Employee Signature: _____

Supervisor Signature: _____

MID-POINT CONVERSATION: Annually for ALL employees

Employee meeting expectations: NO PARTIALLY YES

Date completed: _____

*Employee Signature: _____

Supervisor Signature: _____

SUMMARY REVIEW: Annually for ALL employees

Date Completed: _____

*Employee Signature: _____

Supervisor Signature: _____

**I understand that my signature indicates that I have reviewed and discussed this evaluation with my supervisor and have either received or will receive a copy of this form. My signature does not necessarily imply my agreement with this evaluation.*

- Form Routing Instructions:**
- Copy provided to employee at **BOTH** Mid-Point Conversation and Summary reviews.
 - This signed form must be submitted annually to the employee's departmental office.
 - Departmental office submits annually to SVM Human Resources Office.