

PERFORMANCE APPRAISAL SIGNATURE FORM
Paper Form to be uploaded as part of the Auxiliary Services Process

Employee Name (Print):	Supervisor Name (Print):
Department:	Appraisal Date:
Job Class and Title:	<input type="checkbox"/> Performance <input type="checkbox"/> Probationary

Employee Comments:

Employee Signature: _____ Date: _____

*The employee's signature means only that he/she has had an opportunity to review and comment on this appraisal.

Supervisor Comments:

Supervisor Signature: _____ Date: _____

OPTIONAL

Signature: _____ Date: _____

Title: _____