**PROFESSIONAL STAFF PERFORMANCE EVALUATION FORM – PART 2**



TO BE COMPLETED BY SUPERVISOR/MANAGER PRIOR TO PERFORMANCE EVALUATION INCORPORATING AND ATTACHING PART I. MAY USE CUSTOMER SERVICE SUPPLEMENT INFORMATION AS WELL.

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| STAFF MEMBER’S NAME (LAST, FIRST MI) |  |
| POSITION |  |
| SUPERVISOR |  |
| REVIEW PERIOD |  |
| TODAY’S DATE |  |

1. Notes about the staff member’s performance (i.e.: quality of work, quantity of work, customer service, teamwork, managerial skills (as applicable))

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STAFF MEMBER COMMENTS

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STAFF MEMBER SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

ONE-OVER-ONE SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_