

| ANNUAL PERFORMANCE EVALUATION CYCLE | | <i>(Dates From/To):</i> | |
|--|-------------------|-------------------------|-----------------------|
| | | July 1,20?? | to June 30,20?? |
| Dept. Name: | Human Resources | Employee Name: | Bronco Bob |
| Supervisor Name: | Peter Performance | Employee ID: | 123456789 |
| Supervisor Title: | Goals Director | Employee Title: | Evaluation Specialist |

INTERIM REVIEW (OPTIONAL)

During the performance cycle, the supervisor may conduct an interim review with the employee to provide performance feedback.

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| Date of Review: | September 15, 20?? |
| Supervisor Comments: | Bob has been consistent and very active with achieving his goals. He provided Evaluation trainings every month to our supervisors and has establish a new Online training program to help our supervisors with Performance Management evaluations. He is currently working on employee evaluation training and Human Resources web page. |

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| Employee Comments: | (Here employee can indicate what other performance goals he/she wishes to accomplish, what he/she is currently working on and if anything, such as guidance, supplies, etc. is needed in order to accomplish them). |
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SIGNATURES FOR INTERIM REVIEW

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|--------------------|--------------------------|--------------|-------------------|
| Supervisor: | <i>Peter Performance</i> | Date: | **/**/**** |
| Employee: | <i>Bronco Bob</i> | Date: | **/**/**** |