

Employee Performance Evaluation

Date

Employee Name

Job Title

Department

Evaluator

Evaluator's Supervisor

Self-Appraisal Form completed and attached

Type of Evaluation

Annual

Probationary

Three Month

Six Month

One Year

Washington Township



If the cost of living is authorized, would the evaluator recommend that the employee receive it?

Yes No

I have received and reviewed my Performance Evaluation with my Supervisor.

Employee Signature: _____

Date: _____

Evaluator Signature: _____

Date: _____

Evaluator's Supervisor Signature: _____

Date: _____