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Officer of Administration

Performance Evaluation Form

***Employee Comments***

**Office of Human Resources**

1. **Employee Information**

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| --- | --- | --- | --- | --- |
| Employee Name (Last, First) | UO | Department | Position Title | Position Number |
| Performance Period | | Discussion Date | Supervisor Name | |

1. **Employee Comments**

*The purpose of this form is to add to, rebut, correct, amplify or explain any content in your performance evaluation.*

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| --- |
| Comments: |

Employee Signature: Date:

Supervisor Signature: Date:

*Supervisor’s signature acknowledges receipt of the completed evaluation.*

Attach this form to the associated performance evaluation document for recordkeeping.