

GILA COUNTY

EMPLOYEE PERFORMANCE APPRAISAL

Employee's Name: [LAST, FIRST, MI]	Job Classification	Department Name:
____ Annual Review ____ Probation End ____ Special Review Merit Recommended ____ Merit Not Recommended ____ Not Applicable ____ <i>(If Merit is recommended complete the "Merit Recommendation Form" and attach)</i>		Evaluation Period: From: _____ To: _____
Examples of Outstanding Performance: <i>(If recommended for merit, use Merit Recommendation Form for this section)</i> <hr/>		
Areas for Improvement or Growth: <hr/>		
Goals and Objectives for Next Review Period: <hr/>		
Goals and Objectives Set Last Appraisal:		Goals and Objectives Met
1.		Yes No Part
2.		Yes No Part
3.		Yes No Part
If NO or PART indicate why below:		
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<hr/>		
<hr/>		
Rater's Signature: _____ Date Prepared: _____	Reviewed by (Department Head) _____ Date: _____	
Employees Comments: <hr/>		
<hr/>		
<hr/>		
Employee's Signature: (Does not indicate agreement) _____ Date: _____		
I request review at a higher supervisory level: ____ Yes ____ No		