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| --- | --- |
| NAME OF EMPLOYEE: |   |
| DEPARTMENT: |   |
| EMPLOYEE CATEGORY: |   |
| DATE OF REVIEW: |   |

**Instructions:** Use this form for any employee of the University of Wisconsin-Whitewater, except those on a Performance Improvement Plan [PIP].

**Supervisor:** Review the performance evaluation and indicate below whether the employee’s performance overall, either “meets” expectations [indicates solid performance], or “does not meet” the general expectations for the position held during the past 12-18 months. Sign the form and obtain the signature of the employee. Submit the signed form to the Office of Human Resources and Diversity, performance@uww.edu by December 10, 2021. If you have turned in a performance evaluation, you will not need to complete this form.

**□** Meets expectations [solid performance]

**□** Does not meet expectations [PIP attached]

***Note:*** *This evaluation is for purposes of the 22-23 pay plan implementation only, and not intended as an independent, additional performance review of the employee’s performance. However, this document will become part of the employee’s personnel file and may be used in future reviews.*

**Supervisor’s Comments [optional]:**

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Supervisor Signature Date

I HAVE RECEIVED A COPY OF AND HAVE READ THE ABOVE MEMO.

**Employee Comments [optional]:**

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Employee Signature Date