

University of Wisconsin – Milwaukee
CLASSIFIED EMPLOYEE PERFORMANCE EVALUATION
(PLEASE TYPE OR PRINT)

Employee: _____ **Classification:** _____

Position No.: _____ **Division/Department:** _____ **Supervisor:** _____

Type of Review: Probationary Permanent **Period of Review:** _____ to _____

Position Description Reviewed – No Changes

Date of Latest Position Description: Draft Position Description Attached

Working on a Revision

Overall Rating: _____

Goals for Next Review: _____

Affirmative Action and Equal Opportunity Expectations and Results: (for Supervisors and Managers)	Employee Comments:
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Date of Planning Session: _____ **Date of Performance Review Session:** _____

Employee's Signature: _____ **Employee's Signature:** _____

Supervisor's Signature: _____ **Supervisor's Signature:** _____

The employee's signature does not necessarily indicate agreement, but attests that the employee has had an opportunity to read and discuss the review.

Reviewing Officer's Signature: _____

Performance Standards and Method(s) of Measurement and Frequency from Planning Session:	E, M, DN Ratings
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Performance Review and Comments:

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