

## **Mid-Year Evaluation Form**

Date:	Mid-Year Review (annual mid-year)	
Employee Name:	Reviewer Name:	
Evaluation Area		Notes
Competencies: CORE		
Competencies: FUNCTIONAL		
GOALS/PPOJECTS:		
Goal 1		
Goal 2		
General Comments		Not on Track
		On Track with Some
		On Track with All

Date:	Mid-Year Review (annual mid-year)			
Employee Name:	Reviewer N	ame:		
Overall Comments			Not on Track	
			On Track with Some	
			On Track with All	
Additional Notes		,		
Verification of Review				
By signing this form, you confirm that you have discussed your review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with the evaluation.				
Employee Signature:		Date:		
Supervisor Signature:		Date:		