**Department Director Performance Review**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluation Rating: 🞏 Does Not Meet Expectations

🞏 Meets Expectations

🞏 Exceeds Expectations

🞏 Exceptional Performance

Comments:

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Salary Adjustment Eligibility: 🞏 Step Plan Eligible

🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 None – at Maximum Rate

City Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_