

Staff Performance Management Planning and Evaluation Acknowledgment Form

The Performance Planning and Evaluation Form does not accept electronic signatures. As a result of modified operations due to COVID-19, we recognize you may be unable to hand sign the form if the University's operations are still significantly modified when you complete the planning and/or evaluation stage. If you are unable or not permitted to hand sign the form due to modified operations, you may utilize this acknowledgment form for eSignatures. Please attach this form with the completed planning and evaluation document and send via email to your HR Service Representative.

Employee Information Section

Employee's Legal Name:	Emplo	oyee ID:
Position Title:	Title: Department Name:	
Performa	nce Review Period (chec	k <u>one</u>):
Annual Review: ☐ Mar. 1 -	Feb. 28/29 □ Jul. 1 – Jun.	30 □ Sept. 1 – Aug. 31
	OR	
Off-cycle Review:	Probationary (first-year)	☐ Trial (six-month)
The planning stage should be completed by the position description form \square was \square	was not reviewed by the e	weeks of the performance period. mployee and Rating Officer (supervisor).
Rating Officer (supervisor):		Date:
Reviewer (supervisor's supervisor)	[Optional]	Date:
Employee:		Date:
Evaluation Stag The performance evaluation can be completed. Rating Officer (supervisor):		
,		
Reviewer (supervisor's supervisor)		Date:
Employee*:		Date:
*This signature confirms my acknowledge	ment of the completed official perfo	rmance planning and evaluation form