

3. What is needed for continued or improved success?

Employee Comments: _____

Supervisor Comments: _____

DECEMBER 2014

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Comments:

Next Meeting _____ Copy to employee on _____ (date) _____ (initial)

Employee/Supervisor Performance Review (ESPR)

Month: _____

Attendees: _____



AGENDA ITEMS

• Attendance (permanent item to be discussed each month)	•
• Review previous monthly meetings action plans	•
•	•

1. Celebrate Success – what went well this month?

Employee Comments: _____

Supervisor Comments: _____

2. Goals for the next month – what can be improved?

Employee Comments: _____

Supervisor Comments: _____

