



Office of Personnel Management
Performance Evaluation Mid-Year Review

Business Area _____ Division _____ Manager _____

Employee _____ Pers. # _____ Job Title _____

Completed by the Evaluating Manager

1. This employee consistently produces high-quality work in their day-to-day role.
☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree
2. This employee goes above and beyond their normal responsibilities.
☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree
3. This employee demonstrates a commitment to grow and learn.
☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree
4. This employee is at risk for not meeting the expectations of their role.
☐ Yes ☐ No
5. In what areas, if any, does the employee need to improve?

6. If there is need for improvement, what training does the department/supervisor recommend the employee take or what training or support will the supervisor provide?

Optional to be completed by the Employee

1. What training or support do you request from your supervisor?

Employee Signature

Date

Supervisor Signature

Date