



SUMMARY PERFORMANCE RATING FOR WAGE/SEASONAL EMPLOYEES

This form is to be completed by the employee's immediate supervisor and submitted to the local HR representative prior to the end of the employee's appointment.



Year: _____

Name: _____

Job Title: _____

District/Division/Office: _____

Supervisor: _____

Last Day Worked: _____



In summary, the employee listed above has performed at the following level during the past year:

- Poor
- Fair
- Average
- Good
- Outstanding

Explanation:

Other Comments:



I verify that the information above is consistent with and supported by performance documentation on file.

Supervisor Signature: _____ Date: _____

Employee Signature: _____ Date: _____