**Performance Management Midpoint Conversation**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name |  | Employee ID |  |
| Employee Title |  | UDDS |  |
| Supervisor Name |  | Date |  |

[ ]  Performance of goals and expectations for the major duties and work priorities has been discussed.

[ ]  Yes [ ]  No On track with completing goals.

 \* If not, explain in detail.

[ ]  Yes [ ]  No Employee meets or exceeds current expectations.

 \* If not, explain in detail.

Supervisor Comments:

Please attach additional pages if needed.

*By signing below, the above employee acknowledges receipt of the midpoint review. The signature does not confirm the employee’s agreement with the content of the evaluation. If the employee wishes to provide a written response to this evaluation, she/he has 30 days from the receipt of the evaluation to submit the response to CALS Office of Human Resources. The response will be added as part of the official evaluation file.*

*Employee signature Date*

*Supervisor Signature Date*

*Please send a copy of this form to your unit’s administration and to CALS Human Resources.*

*Other forms of documentation, such as email, may be used in lieu of this form, as long as the documentation describes that a discussion occurred about whether or not the employee is on track with completing goals, and whether or not the employee is meeting expectations.*