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| **Section 1. General Information**  Today’s Date: Hire Date: | | | |
| Employee Name: (Last, First, Middle) | | Employee ID Number: | |
| Position Number: | Role Title: | | Work Title: |
| Agency Name & Code: Division/Department  Norfolk State University/213 | | Sub-Division: | |
| Supervisor’s Name: | | Supervisor’s Title: | |
| **Section 2. Review Period (check one)**  90 Day Review  180 Day Review  Interim | | | |
| **Section 3. Progress** | | | |
| 1. Progress made toward Accountability | | | |
| 1. Progress made toward Leadership | | | |
| 1. Progress made toward Communication | | | |
| 1. Progress made toward Decision Making | | | |
| 1. Progress made toward University Service | | | |
| 1. Progress made toward Public Service | | | |
| **Section 4. Overall Results of Review** | | | |
| Exceptional  Effective  Needs Improvement  Not Effective | | | |
| **Employee Development Plan** | | | |
| **Personal Learning Goals** | | **Learning Steps / Resources Needed** | |
| **Section 5. Employee Comments** | | | |
| **Section 6. Signatures** | | | |
| Reviewer’s Signature: | Print Name: | | Date: |
| Supervisor’s Signature: | Print Name: | | Date: |
| Employee’s Signature: | Print Name: | | Date: |