

Performance Appraisal Form

Employee Information

Employee Name: _____

Employee ID: _____

Employing Agency: _____

Employee Job Title: _____

Evaluator/Reviewer Information

Evaluator/Reviewer Name: _____

Evaluator/Reviewer Job Title: _____

Please indicate your reporting relationship of the employee:

- I am the direct supervisor of the employee
- I am the second-level manager (I manage the employee's direct supervisor)
- Other (please specify): _____

Appraisal Period

From: _____ To: _____

Review Acknowledgement

Employee

I acknowledge that my supervisor or manager has shared and reviewed my performance appraisal with me. My acknowledgement does not necessarily indicate or imply that I agree with the provided performance ratings.

Employee signature

Date

Evaluator/Reviewer

I acknowledge that I have provided the employee an opportunity to fully review the performance appraisal form and have met with the employee to discuss the performance appraisal.

Evaluator/Reviewer signature

Date

Please send a scanned copy of the completed and signed performance appraisal form to ER@pbjcal.org or mail hard copy to:

Personnel Board of Jefferson County
Attn: Performance Appraisal
2121 Reverend Abraham Woods, Jr. Blvd
Birmingham, AL 35203