

CONTINUOUS PERFORMANCE MANAGEMENT (CPM) NOTES & DISCUSSION FORM



STATECIVILSERVICE

Employee Information	Employee Name:	Performance Evaluation Year:
	Employee Personnel #:	
	Employee Job Title:	
	Dept/Office/Section/Unit:	

<input type="checkbox"/> Favorable <input type="checkbox"/> Unfavorable	<input type="checkbox"/> Favorable <input type="checkbox"/> Unfavorable
Date: <input type="text"/>	Date: <input type="text"/>
Time: <input type="text"/>	Time: <input type="text"/>
<i>Employee Performance/Behavior Description</i>	<i>Employee Performance/Behavior Description</i>

<input type="checkbox"/> Favorable <input type="checkbox"/> Unfavorable	<input type="checkbox"/> Favorable <input type="checkbox"/> Unfavorable
Date: <input type="text"/>	Date: <input type="text"/>
Time: <input type="text"/>	Time: <input type="text"/>
<i>Employee Performance/Behavior Description</i>	<i>Employee Performance/Behavior Description</i>

Interim Discussion Sessions

Supervisor Signature: <input type="text"/>	Employee Signature: <input type="text"/>
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