

**UNIVERSITY OF WISCONSIN-EXTENSION
CLASSIFIED EMPLOYEE PERFORMANCE REVIEW**

Employee:
Type of Review: Permanent

Classification:
Period of Review:

Department:
UDDS #:

KEY RESPONSIBILITIES (Planning Session)	PERFORMANCE STANDARDS (Planning Session)	ACTUAL RESULTS (Performance Review)
Job-Related Development Goals	Employee Career Goals and Comments	

Date of 1st Session:

Date of Results Review Session:

Employee's Signature:

Employee's Signature:

Supervisor's Signature:

Supervisor's Signature:

The employee's signature does not necessarily indicate agreement, but attests that the employee has had an opportunity to read and discuss this review.

INSTRUCTIONS: Complete for each employee. After the performance review is completed, send the original to UW-Extension Human Resources, Room 201 Extension Building, 432 North Lake Street, Madison, WI 53706. Give one copy to employee and keep one copy for supervisor.