Use this form to document

INTERIM WORK REVIEWS

(For System 1 & System 2/3)

Print Employee's Name

Print Supervisor's Name

Performance Area or Major Job Responsibility	Results of Review

To Employee: Your signature does not necessarily mean that you agree with this review, but only that it has been discussed with you.

Employee's Signature Date

Supervisor's Signature Date

PR-0135

If you need more sheets, you may photocopy this form or ask your personnel officer for additional copies.