



DATE: Date of Memorandum

TO: Employee Name, Position Title

FROM: Supervisor Name, Position Title

SUBJECT: Performance Review for Period of _____ to _____

PERFORMANCE STRENGTH AREAS/ACCOMPLISHMENTS:

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-
-

OPPORTUNITIES FOR IMPROVEMENT OR DEVELOPMENT:

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-

SPECIFIC PERFORMANCE AREAS:

Competencies	N/A	DN	SM	ME	EE
Accountability/Decision Making & Problem Solving					
Community & Diversity Skills					
Compliance					
Customer Service/Work Relations					
Financial & Budget Management					
Human Resource Management					
Integrity					
Interpersonal and Communication Skills					
Job Knowledge and Quality					
Operational Excellence, Safety and Stewardship					
Project Management					
Strategic Thinking/Overall Contributions to Advance the Mission and Vision of NORTA					
EE = Exceeds Expectations ME = Meets Expectations SM = Sometimes Meets Expectations DN = Does Not Meet Expectations N/A = Not Applicable					

SUMMARY COMMENTS:



OVERALL PERFORMANCE RATING:

- Exceeds Expectations
- Meets Expectations
- Sometimes Meets Expectations
- Does Not Meet Expectations

Please see Core Competency Guide for Definition of Rating Terms.

Supervisor Signature

Date

Officer/Director Signature

Date

Received by:

Employee Signature

Date

OPTIONAL EMPLOYEE COMMENTS: