



Staff Member: _____ Department: _____ Year: _____

Section B – Summary Notes of Performance Informal Conversations between Supervisor & Staff

Note: As an option, please reference discussion topics in Section C to guide these informal conversations.

Date: _____ **Initials:** Staff Member's _____ Supervisor's _____

Date: _____ **Initials:** Staff Member's _____ Supervisor's _____

Date: _____ **Initials:** Staff Member's _____ Supervisor's _____

Date: _____ **Initials:** Staff Member's _____ Supervisor's _____