

**2017 QUARTERLY CONVERSATION FORM**

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| **EMPLOYEE INFO** | | | | | | |
| **EMPLOYEE NAME** |  | | | **DEPARTMENT** |  | |
| **EMPLOYEE ID** |  | | | **REVIEWER NAME** |  | |
| **POSITION HELD** |  | | | **REVIEWER TITLE** |  | |
| **QUARTER (1st , 2nd , or 3rd )** | | |  | **DATE OF REVIEW** | |  |
| **2017 GOALS/JOB DUTIES** | | | | | | |
| ***List goals and/or job duties as described in employee’s Annual Performance Review.*** | | | | | | |
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| **PERFORMANCE ASSESSMENT** | | | | | | |
| ***Evaluate performance/ progress on job duties and goals.*** | | | | | | |
| ☐ Not on Track  ☐ On Track with Some  ☐ On Track with All | | COMMENTS: | | | | |
| ***Discuss areas of excellence within performance.*** | | | | | | |
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| ***Discuss areas of improvement.*** | | | | | | |
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| **COMMENTS AND APPROVAL** | | | | | | |
| **EMPLOYEE COMMENTS** | | | | **REVIEWER COMMENTS** | | |
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|  | | | | | | |
| **EMPLOYEE SIGNATURE** |  | | | **REVIEWER SIGNATURE** |  | |