

**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.*** |
|   |
| **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.*** |
|   |
| ***Discuss areas of improvement.*** |
|   |
| **COMMENTS AND APPROVAL** |
| **EMPLOYEE COMMENTS** | **REVIEWER COMMENTS** |
|   |   |
|   |
| **EMPLOYEE SIGNATURE** |   | **REVIEWER SIGNATURE** |   |