



EMPLOYEE PERFORMANCE REPORT

Enter Data in the Shaded Cells

Name:	<input type="text"/>	Title:	<input type="text"/>
PRNR:	<input type="text"/>	Department:	<input type="text"/>
Period Covered:	<input type="text"/>	Schedule:	<input type="text"/>
Anniv. Date:	<input type="text"/>		

Probationary or Qualifying Review

<input type="text"/> Extend Probationary Period to / / (Probationary extension must be in 520 hour increment)	<input type="text"/> Extend Qualifying Period to / /
<input type="text"/> 3% End Probation Adjustment Awarded	<input type="text"/> % End Qualifying Adjustment Awarded (3%; or lower if adjustment reaches top of salary range)

Anniversary Review

<input type="text"/> Anniversary	<input type="text"/> Employee At Top of Salary Range
<input type="text"/> % Salary Adjustment Awarded (4%; or lower if adjustment reaches top of salary range)	<input type="text"/> Salary Adjustment Not Awarded *

* Employees are ineligible to receive a salary adjustment if any of the following has occurred during the referenced evaluation period:

- Disciplinary action equivalent to a Final Written Warning;
- Disciplinary action equivalent to a Suspension as a result of a violation of Article 36;
- A Leave Without Pay (LWOP) absence for over six (6) months (1040 hours); and/or
- A severe Federal Aviation Administration (FAA) or Homeland Security Act (HSA) violation.

SIGNATURES

Name:	<input type="text"/>	Title:	<input type="text"/>
Supervisor's Signature			Date:
Name:	<input type="text"/>	Title:	<input type="text"/>
Division Manager's Signature			Date:
Name:	<input type="text"/>	Title:	<input type="text"/>
Department Head's/ Assistant Department Head's Signature			Date:
Name:	<input type="text"/>	Title:	<input type="text"/>
Employee's Signature			Date:

The supervisor and employee sign the bottom of the "**Summary**" page at the beginning of the review period to acknowledge a mutual understanding of the employee's performance expectations. The supervisor, employee, and department head or his/ her designee are required to sign this form (above) at the end of the review period. The division manager's signature is optional.