	(Officer, Director, C	oach, Staff) not receiving a f	ormal review.
Employee Name	Department		
Job Title	I		Period covered by this notice
			7/1/2021 TO 12/31/2021
Supervisor's Name	Supervisor's	Title	
Mid-year performance evaluations was performance expectations for July 1, 2 expectations, the supervisor is to compart the employee's signature below indicate the mid-year evaluation period.	2021 through Decenolete the long Mid-Y	nber 31, 2021. If employee ear Performance Evaluation	e has not met all performanc a form.
Employee Signature	Date	Supervisor Signature	Date
Supervisor Comments:			
Employee Comments:			
Vice President/Unit Leader Signature		Date Date	