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Request for Evaluation

Date:

Hire Date:

Supervisor(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, , request my yearly evaluation pursuant to Section 8 in the employee handbook. I understand that I am only allowed to request 1 (one) evaluation per calendar year. I understand that my supervisor has 14 business days to contact me regarding my evaluation.

Staff Signature

Staff Phone Number

**Office Use Only**



Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved Not Approved

If not approved, why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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