

Performance Review Package - Supervisor

Employee Name: _____ Service Area: _____

Type of Review: Probationary / Annual

Anniversary Date: _____ Next Review Date: _____

Mandatory Requirements Have Remained Current and Verified

	<u>Date Taken</u>	<u>Expiry Date</u>	<u>Employee Initials</u>	<u>Supervisor Initials</u>
First Aid/ CPR				
Medication Administration Training				
Nonviolent Crisis Intervention Training				
Safe Food Handling				
Safe Water Temperature Training				
Abuse Prevention and Response Protocol Training				
Responding to Behaviours P&P Training <i>(probationary training only – no refresher)</i>				
<i>Other as applicable</i>				
Vehicle Insurance				
Class IV License <i>AS APPLICABLE – Please Attach Copy</i>				
Drivers Abstract <i>AS APPLICABLE – Please Attach Copy</i>				

Describe three of employee's strengths as it relates to their position description and work expectations:

Binder(s):	Human Resources					Page:	1 of 5
Section(s):	Compensation: Salary and Payroll Administration	A	Jul 29/15				
Program Area(s):	Adult Services						

Describe three areas employee could improve as it relates to their position description and work expectations:

Describe employee's accomplishments and most important contributions to ASC:

GOAL #1

What is your goal?

Why are you setting this goal?

Binder(s):	Human Resources						Page:	2 of 5
Section(s):	Compensation: Salary and Payroll Administration	A	Jul 29/15					
Program Area(s):	Adult Services							

How do you plan to reach your goal?

How are you going to measure this goal?

What is your timeline to meet this goal?

GOAL #2

What is your goal?

Why are you setting this goal?

How do you plan to reach your goal?

How are you going to measure this goal?

Binder(s):	Human Resources					Page:	3 of 5
Section(s):	Compensation: Salary and Payroll Administration	A	Jul 29/15				
Program Area(s):	Adult Services						

What is your timeline to meet this goal?

GOAL #3

What is your goal?

Why are you setting this goal?

How do you plan to reach your goal?

How are you going to measure this goal?

What is your timeline to meet this goal?

Binder(s):	Human Resources					Page:	4 of 5
Section(s):	Compensation: Salary and Payroll Administration	A	Jul 29/15				
Program Area(s):	Adult Services						

Employee

Date

Supervisor

Date

Coordinator

Date

Executive Director

Date

For Office Use Only

Increment Status: _____
Letter Forwarded To Employee re: Status of Increment: _____

Binder(s):	Human Resources					Page:	5 of 5
Section(s):	Compensation: Salary and Payroll Administration	A	Jul 29/15				
Program Area(s):	Adult Services						