

CITY OF MEDFORD
INFORMATION SHEET
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Date: Click here to enter a date.	Employee Name: <i>(Last, First, MI)</i> Click here to enter text.	Department: Click here to enter text.
Classification: Click here to enter text.	Supervisor Name: Click here to enter text.	Department: Click here to enter text.

VISION

We envision Medford as an outstanding community - a vibrant place for people to live, work, and play.

MISSION

Continuous Improvement ~ Customer Service

Click here to enter text.

Note: The employee's initials are required to document receipt only. Initialing the document does not indicate agreement or disagreement.

Supervisor's Initials: _____

Employee's Initials: _____

Date: _____

Date: _____