CITY OF MEDFORD
PERFORMANCE SUMMARY

Employee's Name: Click here to enter text.	Department: Click here to enter text.	Classification: Click here to enter text.
Assignment: Click here to enter text.	Annual Summary: Choose an item.	Summary Period: From: Click here to enter a date. To: Click here to enter a date.
Supervisor's Name: Click here to enter text.	Department: Click here to enter text.	Supervisor's Title: Click here to enter text.
Reviewer's Name: Click here to enter text.	Department: Click here to enter text.	Reviewer's Title: 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

ASSIGNMENT SPECIFIC JOB DESCRIPTION
(Required)

Click here to enter text.

NARRATIVE
(May Include Employee Goals and Supervisor's Expectations)

Click here to enter text.

☐ Does Not Meet Standards *(If checked, supervisor is to monitor bi-monthly.)*	
Date:	Supervisor's Signature:
Date:	Reviewer's Signature:
Date:	Employee's Signature:

☐ Agree ☐ Disagree ☐ Employee Comment Sheet Attached *(within 30 calendar days)* ☐ Request Review *(within 15 calendar days)*

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