



Staff Post-Retirement Performance Evaluation Form

Staff Member's Name: _____ Dept.: _____

Post-Retirement Appointment Start Date

Post-Retirement End Date

Summary of Position Responsibilities:

Supervisors's Assessment:

Strengths

Suggestions

Optional Employee Comments:

Post-Retiree Signature

Supervisor's Signature

_____ Date

_____ Date

Retain in department personnel file, and use as a reference for Post-Retirement Re-Appointment requests.