

ACWA JPIA Employee Performance Appraisal (mid term)



Completed by: The Employee The Department Manager

| | | | |
|-------|-------|-------------------|--------|
| Last | First | M/d/yy | M/d/yy |
| NAME: | | APPRAISAL PERIOD: | to |

Progress on Objectives:

Changes to Objectives:

Accomplishments for This Fiscal Year:

Comments:

I acknowledge I have reviewed with my manager my performance Appraisal, as indicated above, and my job description.

Employee's Signature _____ Date _____

Manager's Signature _____ Date _____

CEO's Signature _____ Date _____