

Kansas State University
Employee Performance Review
Employee's Annual Report of Activities
(Optional)

Name: _____ **Employee ID:** _____
(Last, First, MI)

Department: _____ **Job Title:** _____

Performance Review Period From: _____ **to** _____

Major Goals established by you and your supervisor for the rating period.

Progress on established goals

Other contributions and accomplishments during rating period

Professional development activities that have enhanced your effectiveness

Other comments

Employee Signature _____ **Date:** _____

Submit completed form to supervisor two weeks prior to due date of review

(This form is optional. If completed, attach to Employee Performance Review, PER-47 when submitted to the Division of Human Resources.)