

Employee Feedback Form

Employee Name:

Title:

Department:

Supervisor Name:

Documentation of Positive Reinforcement

- ☐ Core Responsibilities/Objectives
- ☐ Professional Development
- ☐ Demonstrating K-State's Standards of Excellence
- ☐ Modeling K-State's Values
- ☐ Other (Please describe): _____

Describe the behavior, activity, or situation that is being celebrated:

Describe how this behavior, activity, or situation makes a positive impact:

Employee Comments:

Employee signature

Date

Supervisor signature

Date

NOTE: Please submit to the employee’s personnel file.