**Employee Feedback Form**

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| **Employee Name:** | **Title:** |
| **Department:** | **Supervisor Name:** |

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| **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:** |
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Employee signature Date

Supervisor signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Optional: Manager signature) Date

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