

**ST. JOHNS COUNTY BOARD OF COUNTY COMMISSIONERS**  
**Performance Appraisal Addendum**

**Employee Name**

**Employee #**

**Appraisal Period Date Range**

**Performance Narrative: (Directed and Additional Comments)**

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Immediate Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewing Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_