

ST. JOHNS COUNTY BOARD OF COUNTY COMMISSIONERS
Performance Appraisal Addendum

Employee Name

Employee #

Appraisal Period Date Range

Performance Narrative: (Directed and Additional Comments)

Reviewing Supervisor Signature: _____ Printed Name: _____ Date: _____

**Reviewing supervisor signature required prior to delivering evaluation to employee. **

Immediate Supervisor Signature: _____ Printed Name: _____ Date: _____

Employee Signature: _____ **Date:** _____