



BRANDON UNIVERSITY

PERFORMANCE REVIEW For PSAC Employees

Employee Name: _____

Position: _____ Start Date: _____

Department: _____ Date Reviewed: _____

Supervisory/Manager Overview/Comments:
Strengths:
Areas for Development:
Employee Comments:

SIGNATURES	
Employee Signature	Date
Supervisor's Signature	Date

Return the original or a copy of the PERFORMANCE REVIEW completed to:

Human Resources Office
RM 337, Clark Hall
Brandon University

Be sure to give a copy to the Employee