



Stonehill College
Performance Management Program
PERFORMANCE PLAN SIGNATURE SHEET

Employee Name	Job Title	Department	Division	Date

Manager Name	Job Title	Department	Division	Period covered by plan

Step 1: Planning

Supervisor Signature: _____ *Date:* _____

Please sign below to indicate that your supervisor has discussed this review with you. Your signature does not indicate that you agree with this review.

Employee Signature: _____ *Date:* _____

Step 2: Mid-Year Monitoring

Supervisor Signature: _____ *Date:* _____

Please sign below to indicate that your supervisor has discussed this review with you. Your signature does not indicate that you agree with this review.

Employee Signature: _____ *Date:* _____

Step 3: Final Review Meeting

Supervisor Signature: _____ *Date:* _____

Please sign below to indicate that your supervisor has discussed this review with you. Your signature does not indicate that you agree with this review.

Employee Signature: _____ *Date:* _____