

Employee Performance Feedback

School District/College Name: _____

Building Name: _____

Name of EDUStaff Employee: _____

Date of Assignment: _____ Confirmation Number (if applicable): _____

Is this feedback positive or negative ?

Positive feedback: Please describe the positive actions performed by the EDUStaff employee. This positive feedback will be communicated to the employee.

Negative feedback: Please describe the incident that has occurred. Use as much detail as possible and attach additional pages if necessary. Refer to students/staff as "witness 1", "student 1", etc. **All information included in this section will be disclosed to the employee. To disclose information to EDUStaff that you do not want released to the employee, please attach a separate sheet with this information.**

Teacher/Instructor signature for positive feedback: _____

Date: _____

If the feedback is negative, what disciplinary action do you want EDUStaff to take?

Send **only** a written warning to EDUStaff employee. Yes No

Exclude the EDUStaff employee from this **building**. Yes No

Exclude the EDUStaff employee from the entire **district or college**. Yes No

Administrator/Human Resources Signature: _____

Date: _____

If you have any questions regarding this form, please contact EDUStaff. Please email this form to your EDUStaff representative or fax to 877-974-6339.