36355 Main Street · New Baltimore, MI 48047

(586) 716-5329 · Fax (586) 725-1887

E-mail: info@all-ways-care.com

www.all-ways-care.com

A

C

S

ERVICES

ARE

LL-WAYS

Request for Evaluation

Date:

Hire Date:

Supervisor(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, , request my yearly evaluation pursuant to Section 8 in the employee handbook. I understand that I am only allowed to request 1 (one) evaluation per calendar year. I understand that my supervisor has 14 business days to contact me regarding my evaluation.

 Staff Signature

 Staff Phone Number

**Office Use Only**

 

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved Not Approved

If not approved, why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_