

**John Glenn College of Public Affairs
Midyear Check-In Discussion
June 1, 2017 – November 30, 2017**

Employee Name: _____ Supervisor Name: _____

Date of Check-In Meeting: _____

Section I: JGC Values

Please indicate the employee's performance to date in the following areas:

Successful	Improvement Needed	Value	Definition
		LEADERSHIP	Acts as a representative of JGC to model professionalism and demonstrate JGC values to students, employees, university officials, and guests
		ACCOUNTABILITY	Takes ownership and responsibility for his/her work, team accomplishments, and areas of improvement
		INTEGRITY	Works honestly and with transparency to abide by university policy and procedures; acts as a good steward of College funds
		SUPPORT & COLLABORATION	Supports efforts of the College by participating in events and activities hosted by JGC; respects and encourages all members of JGC in their successes and work to overcome obstacles together

If improvement is needed in any of the above values, please attach a separate document that describes the actions that will be taken by both the employee and the supervisor to address these needs.

Section II: Workplan Goals, Duties of the Position, & Professional Development

Note the employee's performance for each area below to date. Please attach documentation to support these ratings such as goal metrics data or performance measures regarding the employee's workplan, position description and professional development goals.

Successful	Improvement Needed	Area of Review
		Work Plan Goals & Professional Development
		Duties of the Position

If improvement is needed in any of the above areas, please attach a separate document that describes the actions that will be taken by both the employee and the supervisor to address these needs.

Employee and Supervisor Signatures

The John Glenn College of Public Affairs is committed to making the performance review a beneficial and productive tool for feedback and career development. I have met with my supervisor/employee and participated fully in this process. I agree with this assessment (or have attached an explanation of why I do not agree with this assessment).

Signed: _____ (Employee) Date: _____

Signed: _____ (Supervisor) Date: _____