

St. Clair County Community Mental Health Authority

TO: _____

FROM: _____

DATE: _____

SUBJECT: **Notification of Employee Performance Review**

As you are aware, your performance review is due in January.

In preparation for this meeting, please complete the following and submit to
_____ Supervisor/Coordinator by _____: Date prior to due date

1. Review current FTJL and job description.
2. List suggested revisions for job description or FTJL and be prepared to discuss status of current task/goals.
3. Be prepared to discuss comments within Employee Performance Notes.
4. Review prior year's Employee Action Plan (*not applicable for new employees*).
5. Bring a copy of CMH Training Transcript.
6. Bring suggestions for your new Employee Action Plan.

Please make an appointment to meet with Supervisor/Coordinator prior to _____
Due Date to complete the process in a timely manner.