



# COUNTY OF HIDALGO

## DEPARTMENT OF HUMAN RESOURCES

### PERFORMANCE REVIEW & EVALUATION ACKNOWLEDGEMENT FORM

Employee Name: \_\_\_\_\_ Slot No.: \_\_\_\_\_

Department Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Please read the following Statement and sign below to indicate your acknowledgement that the Performance Review & Evaluation Form for your category of position has been reviewed with you by your supervisor.

1. My supervisor reviewed the following Performance Review & Evaluation Form with me:

- Clerical/Administrative*
- Field Operations/Trades*
- Supervisory/Technical*
- Management/Professional*

2. I understand that I should consult with my supervisor if I have any questions regarding the Performance Review & Evaluation Form.
3. I understand that my signature below indicates that I have read and understand the performance tasks listed in the Evaluation Form which will be used to evaluate my performance.

#### ACKNOWLEDGEMENT

I have read and understand the Performance Review & Evaluation Form that was reviewed with me.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date