

EVENT RECORD

(OPTIONAL)

*Noteworthy job-related specific incidences observed throughout the year.
To be completed by and shared with either supervisor or employee.
(Make as many copies as necessary)*

Employee name: _____ Date: _____

On this date, _____, the following incident occurred:

Date: _____

On this date, _____, the following incident occurred:

The event record(s) are to be reviewed by the supervisor at the time of the Performance Appraisal and taken into consideration to assist with the review process.