

This portion to be filled out by management.

OVERALL PERFORMANCE: _____

SUGGESTIONS FOR IMPROVEMENT: _____

REASON FOR THIS EVALUATION:

90 DAY

6 MONTH

ONE YEAR

OTHER : _____

ACTION TAKEN BASED UPON THIS EVALUATION: _____

CAST MEMBER COMMENTS: _____

We (the undersigned) agree that this evaluation contains accurate information to the best of our knowledge and has been conducted in a professional manner.

CAST MEMBER'S NAME:

MANAGER'S NAME:

CAST MEMBER'S SIGNATURE:

MANAGER'S SIGNATURE:

DATE: _____

DATE: _____

EMPLOYEE IMPROPER CONDUCT FORM

EMPLOYEE'S NAME: _____

DATE: _____ **TIME:** _____ **SESSION:** _____

DESCRIPTION OF INCIDENT: _____

EMPLOYEE'S COMMENTS: _____

MANAGER'S COMMENTS: _____

EMPLOYEE'S SIGNATURE: _____

MANAGER'S SIGNATURE: _____

DATE: _____ **TIME:** _____

DATE: _____ **TIME:** _____

