**CONTINUOUS PERFORMANCE MANAGEMENT (CPM)**

**INTERIM DISCUSSION FORM**

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| **Employee Information** | Employee Name:  |       | Performance Evaluation Year: |
| Employee Personnel #:  |       |
| Employee Job Title: |       |       |
| Dept/Office/Section/Unit:  |       |

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| **Interim Discussion Sessions** |

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| Date Conducted: |       | Supervisor Initial: |       | Employee Initial: |       |
| Date Conducted: |       | Supervisor Initial: |       | Employee Initial: |       |
| Date Conducted: |       | Supervisor Initial: |       | Employee Initial: |       |
| Date Conducted: |       | Supervisor Initial: |       | Employee Initial: |       |
| Date Conducted: |       | Supervisor Initial: |       | Employee Initial: |       |
| Date Conducted: |       | Supervisor Initial: |       | Employee Initial: |       |
| Date Conducted: |       | Supervisor Initial: |       | Employee Initial: |       |
| Date Conducted: |       | Supervisor Initial: |       | Employee Initial: |       |