

TDCJ EMPLOYEE PERFORMANCE LOG

Employee Name: _____ Payee ID: _____

Position Title: _____

Supervisor Comments or Recommended Actions:
 For example, discussion notes, expectations, action plans, timelines, and other measures and records of significant events. This form is not to be used to address medical leave, unless medical leave is affecting the employee's job performance.

Employee Comments:

Observation Dates - From: _____ To: _____

Supervisor's Initials: _____ Date: _____
MM/DD/YYYY

Employee's Initials: _____ Date: _____
MM/DD/YYYY

Observation Dates - From: _____ To: _____

Supervisor's Initials: _____ Date: _____
MM/DD/YYYY

Employee's Initials: _____ Date: _____
MM/DD/YYYY

Observation Dates - From: _____ To: _____

Supervisor's Initials: _____ Date: _____
MM/DD/YYYY

Employee's Initials: _____ Date: _____
MM/DD/YYYY

The original of this form shall be maintained in a supervisory file in accordance with PD-55, "Human Resources Records and Files." This form shall not be attached to the employee's performance evaluation. A copy may be placed in an employee's disciplinary file only when it is used to support a disciplinary action taken in accordance with PD-22, "General Rules of Conduct and Disciplinary Action Guidelines for Employees."

Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Texas Government Code §§ 552.021 and 552.023, to receive and review the collected information. Under Texas Government Code § 559.004, you are also entitled to request, in accordance with TDCJ procedures, that incorrect information the TDCJ has collected about you be corrected.