## COUNTY OF DUKES COUNTY OFFICE OF THE COUNTY MANAGER

To: Office of the County Treasurer						
Date:						
Name:		Supervisor:				
Position Title:		Date of Review:				
Department: Start Date:		Review Period:  Last Promotion Date:				
	·					
A job	performance has been reviewed  APPROVED  Employee's Records to be revised to  Effective Date:		crease:	(\$	)	
	NOT APPROVED					
	Employee's record to remain at:	GRADE	STEP			
County	Manager Signature Date	_				

Date

**Personnel Board Chair Signature**