

**UAW – REQUEST FORM FOR
PERFORMANCE EVALUATIONS**

Name: _____

Department: _____

Time Period to be Evaluated: _____

Supervisor: _____

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In accordance with Section 146 of the UAW contract, I agree to the performance evaluation. I understand the evaluation will become part of my personnel file.

I do not agree to the evaluation and understand this decision will not adversely affect my status in present or future positions.

Employee's Signature: _____

Date: _____