

Employee Name: _____

Anniversary Date: _____

Date	Summary of Event		
		<input type="checkbox"/> Strength <input type="checkbox"/> Area of Improvement	<input type="checkbox"/> Teamwork <input type="checkbox"/> Customer Service <input type="checkbox"/> Communication <input type="checkbox"/> Job Expertise and Self Development <input type="checkbox"/> Accountability and Dependability <input type="checkbox"/> Values
		<input type="checkbox"/> Strength <input type="checkbox"/> Area of Improvement	<input type="checkbox"/> Teamwork <input type="checkbox"/> Customer Service <input type="checkbox"/> Communication <input type="checkbox"/> Job Expertise and Self Development <input type="checkbox"/> Accountability and Dependability <input type="checkbox"/> Values
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