

Garden Grove Unified School District

Employee Response

(Optional)

School Year : 20 / 20

Employee :

Location :

Position :

Teaching Assignment :

Status : Temporary

Probationary

Permanent (3-9)

Permanent (10+)

Evaluator :

Title :

This separate Statement of Employee Response is to be attached to .

Employee's Signature

Date

Evaluator's Signature

Date

The evaluator's signature indicates only that the Employee Response has been received and attached to the appropriate form.

Original - Employee Personnel File
Copy One - Employee
Copy Two - Evaluator