

LDP 20/20 Feedback Form

Please complete this form by providing at least 3 names for each category. Direct Reports, Peers, and Supervisors can be individuals from a previous position, not only from your current job. Type the information and return directly to your advisor. If needed, add more lines to a category or use an additional form.

Please indicate if you are a: ___ first level supervisor ___ middle-manager ___ upper manager ___ non-supervisor

Your First Name	Your Last Name	Your Email address	Your Department

Direct Reports

First Name	Last Name	Email address

Peers

First Name	Last Name	Email address

Managers

First Name	Last Name	Email address

For Administrative Use Only:

Date Notified: _____	Date Due: _____
----------------------	-----------------