

NSW RESOURCES REGULATOR

Monthly Review

LEARNING AND DEVELOPMENT

NAME	MONTH/YEAR REVIEW	ED NO. OF DAYS LEAVE								
ROLE	GRADE	BRANCH								
		Choose an item.								
KEY ACHIEVEMENTS OR OUTCOM	MES									
	there anything outstanding that you have	completed this month								
which should be considered for re	eward and recognition?)									
ROADBLOCKS TO ACHIEVING SUCCESS & SUGGESTED ACTIONS TO RESOLVE										
WELLBEING DISCUSSION	UPDATE									
WHS										
CHANGE										
WELLBEING										
ATTENDANCE AND LEAVE										

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I FEEL I AM SUPPORTED BY MY SUPERVISOR? (include comments below)								YES 🗆	NO □			
EMPLOYEE COMMENTS AND MONTHLY SUMMARY												
SIGN-OFF	NAME				SIGN	SIGNATURE			DATE			
EMPLOYEE									Click or tap to enter a date.			
RECORD OF CONVERSATION (TO BE COMPLETED BY SUPERVISOR)												
REWARD AND RECOGNITION (TO BE COMPLETED BY SUPERVISOR)												
SUPERVISOR												
Referred to Executive:			NO			Discuss further						
SIGN-OFF	NAME S			SIGN	SIGNATURE			DATE				
SUPERVISOR									Click or enter a			