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With Employee) Performance Plan Section 5: Signatures Employee: I Was Given The Opportunity To Discuss The Content Of This Performance Plan With My Rater.I Understand That I Will Receive An Appraisal At The End Of This Appraisal Cycle. 4th, 2024Employee Health Care Payment ConfirmationInfo@healthysanfrancsico.org, Or Call (415) 615-4588. Date Of Payment:* Employer Name: For Questions About Your Employer's Obligations Und 2th, 2024.

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