

Employee Self-Evaluation Form
(as part of the Staff Performance Evaluation Process)

Employee Name		Position Title
		June 1, 2018 – May 31, 2019
Department	Supervisor Name	Review Period

1. What were your major accomplishments in the past year?
2. Who are your primary customers (internal and external) and how well have you served them this past year?
3. What are the areas of your performance (behaviors and results) on which you could improve? Please describe.

4. Are there additional skills or knowledge that would help you more effectively perform your present job or enhance your skill opportunities? If yes, please list.
5. What goals (specific, measurable, action-oriented, results-driven and time-bound) do you expect to accomplish during the next year?
6. List the items you would like to discuss during your annual performance evaluation meeting?

Signatures:

Staff Employee: _____ **Date:** _____

Supervisor Employee: _____ Date: _____