

Office of Human Resources

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Classified Staff Employee Self-Evaluation Form

Employee Name	Department
Job Classification	Supervisor's Name
Supervisor's Title	Date

You are invited to complete this form as part of the performance appraisal process. Completion of the form is optional. Should you wish to complete the form as a means of opening dialogue in the appraisal process, please return to me by so that we can discuss this together at our meeting.

Would you like this form to be attached to the Performance Evaluation and filed in your official University personnel file?

☐ Yes ☐ No

1. Do you have any questions about your job responsibilities, as outlined in your position description?
2. What training did you participate in this year? In what ways was it helpful?
3. During the past year, what parts of your work gave you the most satisfaction? What have you found challenging?
4. Think about your work interactions in the University environment. What would help you to work more collaboratively in your work environment? Please be specific.
5. When you need direction or information, are you able to get the help you need? Please give an example.
6. Are there aspects to the job you feel you need to work on? What would help to enhance your job performance?
7. What goals and objectives do you have for your job or for future development for the coming year?

Employee Signature		Date	
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