

# EMPLOYEE SELF-EVALUATION

## EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_  
Job Title/Department: \_\_\_\_\_ Review Period: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_

## SELF-EVALUATION

1. What are your primary job responsibilities?
2. What job responsibilities do you view as most important?
3. Have any special circumstances helped or hindered you during the review period?
4. What are the significant accomplishments you achieved during the review period?
5. What strengths do you feel you bring to your position?
6. What areas do you feel you could improve in your performance?
7. What are your goals, and what actions will you take to accomplish them?
8. What can your supervisor do to help you accomplish your goals/do a better job?
9. In what areas do you feel additional education or training would benefit you?

## SIGNATURES

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_