

PERFORMANCE SELF EVALUATION

Today's Date	Evaluation period from to	
Employee Name		
Classification:		
Working Title	Department:	
Employee Type:	Evaluation Type:	
MPP	First	
Represented	Annual	
Confidential	Additional	

PURPOSE

This is an optional form for you to document your performance and to enhance two-way communication with your supervisor/evaluator. Use this document to list information you believe should be considered when evaluating your performance.

INSTRUCTIONS

You are encouraged to complete this self-evaluation as thoroughly as possible and submit it to your supervisor/evaluator prior to your performance review.. If a section is not applicable; mark it "N/A". Please sign this form and have your supervisor/evaluator sign it to acknowledge receipt. This self-evaluation will be attached to your final performance evaluation before placement in your official personnel file.

SECTION I – PERFORMANCE

1. Comprehensive descriptions of job performance during the past year (identify specific examples):

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2.	Key accomplishments during the past year:
3.	Significant difficulties and/or problems encountered:
4.	Actions taken to overcome above difficulties and/or problems:
SE	CTION II - DEVELOPMENT
5.	List areas of greatest job-related strengths:

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6. List areas needing a	dditional development (indicate specific train	ning & timeframes):		
	have for improving the quality of work & pro	oductivity in your work area:		
SECTION III - PERFORMANCE PLANNING				
8. List recommended g	poals for coming appraisal year:			
Employee's Signature		Date		
Evaluator's Signature _		Date		
Evaluator's Name:	Please print			

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