**EMPLOYEE PERFORMANCE SELF- EVALUATION**

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| **Employee’s Name:** |  | **Evaluated By:** |  | **Reviewed By:** |  |
| **Title:** |  | **Title:** |  | **Title:** |  |
| **Employee ID Number:** |  | **Date:** |  | **Date:** |  |
| **Review Period:** |  | **Human Resources:** |  | **Date:** |  |

**Instructions**

## Attach a current position description; if applicable, make note of any significant changes since last year's review.

## If performance goals were set at the last review, attach a copy of these goals and comment on employee's progress.

## Provide objective, evidential feedback and justification where applicable.

## Select appropriate rating for each performance competency, according to the position description.

## Include quarterly review remarks in the designated section.

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| ***Performance Competencies:*** *You will be evaluated by your supervisor based on the job duties associated with your position. In order to prepare for your evaluation, please review your position description and provide some examples from your work.* | |
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| 1. Key Duty and Responsibility: | **Give your thoughts on your performance regarding this Key Duty and Responsibility:** |
| 2. Key Duty and Responsibility: | **Give your thoughts on your performance regarding this Key Duty and Responsibility:** |
| 3. Key Duty and Responsibility: | **Give your thoughts on your performance regarding this Key Duty and Responsibility:** |
| 4. Key Duty and Responsibility: | **Give your thoughts on your performance regarding this Key Duty and Responsibility:** |
| 5. Key Duty and Responsibility: | **Give your thoughts on your performance regarding this Key Duty and Responsibility:** |

| ***Performance Competencies Continued*** *(Depending on position, some competencies may be more relevant than others.)* | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Exceptional:** | Performance is consistently superior and significantly exceeds position requirements. | **Exceptional** | **Highly Effective** | **Proficient** | **Inconsistent** | **Unsatisfactory** | **New/Not Applicable** |
| **Highly Effective:** | Performance frequently exceeds position requirements. |
| **Proficient:** | Performance consistently meets position requirements. |
| **Inconsistent:** | Performance meets some, but not all position requirements. |
| **Unsatisfactory:** | Performance consistently fails to meet minimum position requirements; employee lacks skills required or fails to utilize necessary skills. |
| **New/Not Applicable:** | Employee has not been in position long enough to have demonstrated the essential elements of the position and will be reviewed at a later agreed upon date. |
| 1. Punctuality and attendance | |  |  |  |  |  |  |
| 1. Appearance meets department standards | |  |  |  |  |  |  |
| 1. Consistency in work and performance | |  |  |  |  |  |  |
| 1. Verbal and written communication skills | |  |  |  |  |  |  |
| 1. Position knowledge | |  |  |  |  |  |  |
| 1. Adherence to Federal, State, and University policies and procedures | |  |  |  |  |  |  |
| **How would you rate your overall performance related to the aforementioned duties and responsibilities:** | |  |  |  |  |  |  |
| ***Employee Comments*** | | | | | | | |

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| ***2017 Goals*** *(Please discuss last year’s goals and whether they were met, or if they were changed*) |
| 1. |
| 2. |
| 3. |

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| ***2018 Goals*** *(Please put down three possible goals for you and your supervisor to discuss, for 2018. Goals can center around departmental goals, process improvement, or professional development*) |
| 1. |
| 2. |
| 3. |

**To The Employee:** **Please use the information you have compiled on this form in your performance discussion with your supervisor and submit this form to be included in your annual performance evaluation.**

**Employee Signature:** **Date:**