

EMPLOYEE SELF-EVALUATION FORM
FOR PERFORMANCE MANAGEMENT PROGRAM



Employee's Name:

Title:

Role: *Administrative/Technical* *Professional* *Manager*

Department:

Supervisor's Name:

Review period:

Date of Review:

Part I – Describe your goals/competencies of emphasis for the past year.

Please list the goals, which were to be emphasized during the plan year - include ongoing assignments with expectation/standards defined; areas for improvement; development of new skills; use the Performance Planning Form (#PM2).

Part II – List your major accomplishments from the past year. Relate them where possible to the department and/or university mission.

Part III – What major challenges or obstacles did you face during the past performance management cycle?

#PM5

Part IV – *Please list your goals for the next review period.*

Part V – *What kinds of resources and support do you need to accomplish those goals?*

Part VI – *What are your professional development goals for the next 12 months?*

Signature of Employee: _____

Date: _____

Employee
Supervisor