

Employee Self-Assessment Form

Employee Name:	Supervisor Name:
Further Information may included as an attachment	Core Responsibilities – Comments on Results Achieved
A. Performance Management (Complete if you supervise and evaluate others)	
B.	
C.	
D.	
E.	

F.	
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Special Assignments – Comments on Results Achieved	
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G.	
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H.	
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Objectives and/or Competencies – Comments on Results Achieved	
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I.	
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J.	
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K.

L.

M.

Employee Development Results:

Other Significant Results and Overall Comments:

Employee's Signature: _____ **Date:** _____