

Annual Performance Review Self-Evaluation
January 20__ - December 20__

Employee Name: _____ Job Title: _____

Department: _____ Supervisor's Name: _____

Completion of this form is required and must be returned to your supervisor by _____.

Your thorough and timely participation in the appraisal process will help facilitate a more comprehensive review of your progress and accomplishments since the last performance review. **Submit this completed form to your supervisor prior to your annual performance evaluation review meeting. With respect to the core job performance factors, please answer the following:**

1. What were your major achievements in the past year?

2. What are the areas of your performance in which you believe you could improve? Please describe.

3. How would you assess your overall performance during this review period? Please describe.

4. What job challenges, if any, do you have or resources do you need in performing your job?

Employee Signature: _____

Date: _____