

DATE _____

EMPLOYEE NAME _____

POSITION _____ DEPARTMENT _____

Please complete and return to your supervisor/manager prior to your performance evaluation.

RATING SCALE Check the appropriate rating for each skill outlined using the performance rating given below.

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| 1 | Unsatisfactory | Unacceptable performance, lack of willingness or ability to perform the requirements of the position. If unacceptable performance continues, reassignment or separation may be required. |
| 2 | Below Expectations | Performs in a capable manner but requires improvement, more training and/or closer supervision. |
| 3 | Meets Expectations | Performs duties as required; meets all expected criteria including goals. |
| 4 | Exceeds Expectations | Clearly performs above set criteria; quality and quantity of work consistently beyond expectations. |
| 5 | Outstanding | Exceptional performance over time of duties; significantly exceeds objectives, achieves exceptional results. |

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| <u>JOB KNOWLEDGE:</u> | Knowledge of products, policies and procedures. | Rating: _____ |
| Do you understand the requirements of your job? If not, what aspects of your job need clarification? | | |

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| <u>SKILLS PROFICIENCY:</u> | Demonstrated knowledge and ability use tools / technology. | Rating: _____ |
| What would help you enhance your performance (training, equipment, etc.)? | | |

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| <u>PRODUCTIVITY:</u> | Goals are achieved within established timelines. | Rating: _____ |
| What were your goals for the previous review period? Assess how well you have succeeded in meeting each goal. | | |

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| <u>QUALITY OF WORK:</u> | Accurate, neat, and thorough; exceeds expectations. | Rating: _____ |
| What areas and/or tasks that you feel represents your best work for this review period? What areas and/or tasks that you feel represents your unsatisfactory work for this review period? | | |

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| <u>ORGANIZATION:</u> | Neat and conscientious. Ability to maintain standards. | Rating: _____ |
| What processes have you implemented to maintain organization within your department? | | |

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| <u>PREPARATION:</u> | Develops plan and utilizes time wisely. Anticipates changes. | Rating: _____ |
| What changes in duties or priorities did you face during the review period and how did you handle them? | | |

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| <u>TEAM WORK:</u> | Willingness to work harmoniously with others. | Rating: _____ |
| What are some additional tasks you perform in your department that contribute to the team as a whole? | | |

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| <u>CUSTOMER SERVICE:</u> | Promotes strong sense of service. Resolves conflicts. | Rating: _____ |
| Describe an instance where you displayed exemplary customer service? | | |

How would you rate your overall performance for this review period?

- Outstanding
- Exceeds Expectations
- Meets Expectations
- Below Expectations
- Unsatisfactory

EMPLOYEE COMMENTS

EMPLOYEE ACKNOWLEDGEMENT

This self-evaluation has been completed to the best of my ability. I understand that my signature indicates agreement with the information disclosed here.

EMPLOYEE SIGNATURE _____ **DATE** _____