SELF-EVALUATION



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. | | | | | |
|---|-------------------------|--|--|--|--|
| 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. | | | |

JOB KNOWLEDGE: Knowledge of products, policies and procedures.

Rating:

Do you understand the requirements of your job? If not, what aspects of your job need clarification?

| PRODUCTIVITY: | Goals are achieved within established timelines. | Rating: |
|-------------------------|--|------------------|
| What were you goals for | r the previous review period? Assess how well you have succeeded in me | eting each goal. |
| | Accurate, neat, and thorough; exceeds expectations. | Rating: |
| QUALITY OF WORK: | Accurace, near, and morough, execcus expectations. | |

Fourth

| PREPARATION: | Develops plan and utilizes time wisely. Anticipates change | es. Rating: | | | |
|---|--|-------------|--|--|--|
| What changes in duties or priorities did you face during the review period and how did you handle them? | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TEAM WORK: | 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? | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| CUSTOMER SERVICE: | 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