



Employee Self Evaluation

Employee Name: _____ Payroll Number: _____

Position: _____ Department: _____

Date of Review: _____ Supervisor Name: _____

List your most successful accomplishments since your last performance evaluation:

1. _____
2. _____
3. _____
4. _____

List your least successful accomplishments since your last performance evaluation;

1. _____
2. _____
3. _____
4. _____

List your area(s) of greatest strength(s)

1. _____
2. _____
3. _____
4. _____

List the area(s) where you feel you need the most improvement

1. _____
2. _____
3. _____
4. _____

List what you can do to affect your own improvement

1. _____
2. _____
3. _____
4. _____

List what the company can do that would enable you to perform your job better or more effectively

1. _____
2. _____
3. _____
4. _____

