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| Self-Assessment for Work |  | **Submit to Manager By:** |
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| Employee Name: |  |  | Position/Role: |  |
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| ***Note:****Please rate your performance in each area by selecting the option that best reflects your self-assessment (e.g., Needs Improvement, Fair, Good, Very Good, Excellent).* |
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| **Self-Assessment Areas** | **Rating** | **Notes** |
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| **Overall Comments:** |
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| Employee Signature: |  |  | Date: |  |
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