|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Self-Assessment for Work | | | | | | | |  | **Submit to Manager By:** |
|  |
|  | | | | | | | | | |
| Employee Name: |  | | | |  | Position/Role: | | |  |
|  | |  | | |  |  | | |  |
| ***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).* | | | | | | | | | |
|  | | | | | | | | | |
| **Self-Assessment Areas** | | | | **Rating** | | **Notes** | | | |
|  | | | |  | |  | | | |
|  | | | |  | |  | | | |
|  | | | |  | |  | | | |
|  | | | |  | |  | | | |
|  | | | |  | |  | | | |
|  | | | |  | |  | | | |
|  | | | |  | |  | | | |
|  | | | |  | |  | | | |
|  | | | |  | |  | | | |
|  | | | |  | |  | | | |
|  | | | |  | |  | | | |
|  | | | |  | |  | | | |
|  | | | |  | |  | | | |
|  | | | |  | |  | | | |
|  | | | |  | |  | | | |
|  | | | |  | |  | | | |
|  | | | |  | |  | | | |
|  | | | |  | |  | | | |
|  | | | |  | |  | | | |
|  | | | |  | |  | | | |
|  | | | |  | |  | | | |
| **Overall Comments:** | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| Employee Signature: | | |  | |  | | Date: | |  |
|  | | |  | |  | |  | |  |