## PERFORMANCE SELF-EVALUATION

NAME:			REVIEW DATE:		
DEPARTMENT:			REVIEW PERIOD:		
TI	TLE:		DATE OF HIRE:		
	90 Day	6 Months	1 Year	Other	
	ease answer the folleets if necessary.	lowing questions as co	ompletely and hor	nestly as possible. Attach addit	ional
1.	What aspect(s) of A. Enjoy the mo				
	B. Enjoy the least	st?			
2.	What changes wo pleasant or interes		h might make you	r job or work environment mor	re
3.		formance since your land weak areas.	last review (or dat	e of hire, if this is your first rev	view).
4.	What could mana	gement do to help you	u improve in the p	erformance of your duties?	
5.	What goal(s) have	e you set for yourself	for the next year?		
6.	What job(s) woul	d you like to be doing	g with the compan	y in the future?	

Employee Signature		Date
Discussed with Manager/Supervisor on		
Discussed with Manager/Supervisor on	date	
Manager Signature		