

Employee Self Evaluation Form

Employee Information:

Name: _____

Employee ID: _____

Job Title: _____

Date: ___/___/___

Department: _____

Manager: _____

Review Period: ___/___/___ to ___/___/___

Goals that were to be achieved during this period (as of discussed with Manager):

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Which goals were achieved?

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Which goals were not achieved and why?

- _____
- _____
- _____
- _____

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- _____

- _____

- _____

- _____

Have you achieved anything else that was not discussed at the start of your employment? If yes, please explain:

What achievements are you most proud of?

If you could repeat the period what would you do differently?

MORE TEXT ON FULL RESOURCE? If yes, please explain:

MORE TEXT ON FULL RESOURCE:

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MORE TEXT ON FULL RESOURCE?

- _____
- _____
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MORE TEXT ON FULL RESOURCE?

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Please write any additional comments in the box below:

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