

SELF-EVALUATION SUMMARY
(to be completed at the employee's option)

Name _____
Department _____
Classification _____

Improvement objectives established for past year:

Employee strengths/accomplishments and progress made towards improvement objectives:

Improvement objectives for the coming year:

I choose not to complete this self-evaluation summary this year.

Employee's signature

Date

SUPERVISOR'S SUMMARY
(to be completed by supervisor)

[Note to Supervisor: Please refer to Self-Evaluation Summary to the left, if one has been completed by the employee, before assessing the following. These sections should be completed, whether or not a Self-Evaluation Summary has been submitted.]

Employee Strengths:

Areas for improvement:

On last report, were areas for improvement established? If yes, evaluate progress.

Supervisor's signature

Date