



Local 153 Members Only

SELF PERFORMANCE EVALUATION

2020 - 2021

Employee Name: _____

Department: _____ Campus: _____

Job Title: _____

Supervisor: _____

Major Accomplishments:

Note below any activities and accomplishments completed during the evaluation period that you feel were of significant value. This space can be used to comment on circumstances that may have affected your performance.

Major Additional Duties:

Please list below the principal responsibilities of the position which are different from and/or not included in your job description. Use additional sheets if necessary.

Performance Development:

List areas where you feel performance improvement may be warranted, with suggestions of specific activities that you may undertake:

Goals:

Please note goals and objectives for the up-coming year:

Employee Signature

Date

Supervisor Signature

Date

Supervisor:

- Please provide one copy to employee
- Keep one copy for your file
- Send original to Barbara Leonageo, Human Resources – M-CB1-04