

# Savannah State University Employee Self Assessment

Please check the appropriate box	
<input type="checkbox"/> <b>Annual</b>	<input type="checkbox"/> <b>Provisional</b>

GENERAL INFORMATION	
<b>Employee Name:</b>	<b>Title:</b>
<b>Department:</b>	<b>Supervisor / Evaluator:</b>

INSTRUCTIONS
<p>Please complete this evaluation in a thorough and timely manner, as your participation in the appraisal process will help facilitate a fair and comprehensive review of your progress and accomplishments since your last review (or if you have been employed for less than one year, your date of hire). Please return the completed Self Assessment to your supervisor by _____, so they will have time to review it before completing the Manager's portion of the evaluation. <b>Evaluators: Attach completed Employee Self Assessment to the Employee's Performance Evaluation and return to HR.</b></p>

<p><b>List your most significant accomplishments or contributions since the last year. How do these achievements align with the goals/objectives of your position? Please provide specific examples to support your response.</b></p>
1.
2.
3.
4.

# Savannah State University Employee Self Assessment

**Since your last appraisal (or date of hire), have you successfully performed any new tasks or additional duties outside the scope of your regular responsibilities?**

**If so please specify.**

1.

2.

3.

4.

**How, if applicable, have the following factors helped you to develop professionally since the last year?**

**Offsite Seminars/Classes** *(specify if self-directed or required by your supervisor)*

**Onsite Training**

# Savannah State University Employee Self Assessment

**Management Coaching or Mentoring**

**Other – please describe** *(on the job experience, better exposure to challenging projects, etc)*

**What degree(s), license(s) or certification(s), task mastery, classes(s), seminar(s), workshop(s), or any other training/development would you like to receive over the next year? Explain how this training would relate to either performance and/or your personal development.**

Training/Development Activities	Relationship to Performance/Development

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**Describe any areas you feel require improvement in terms of your professional capabilities. List the steps you plan to take and/or the resources you need to accomplish this.**

Development Areas	Steps	Resources Needed

## Comments

**Employee's Signature:** \_\_\_\_\_ **Evaluator's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Date:** \_\_\_\_\_