**Performance Review: self-assessment**

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| --- | --- |
| **Position Title:**  | **Name of employee:** |
| **Department:** | **Manager’s Name:**  |
| **Review period from: to:** |

|  |  |
| --- | --- |
| **Overall Performance rating (how would you rate your overall performance?):****(5. Excellent; 4. Good; 3. Acceptable;** **2. Developing / Marginal; 1. Unsatisfactory)** |  |

|  |  |
| --- | --- |
| **Rate your workplace behaviours (using the above scale)** | **Rating** |
| Getting things done (and completing tasks in a timely manner) |  |
| Contributing positively to team work |  |
| Demonstrating initiative |  |
| Demonstrating attention to detail |  |
| My attendance and punctuality |  |

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| What do you believe you have done well during this period? |
| What areas do you believe you could improve in? |
| What training do you believe you would benefit from over the next 12 months? |

**Sign off: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Employee Date