**Performance Review: Self-Assessment**

**(To be completed by employee)**

|  |  |
| --- | --- |
| **Position Title:**  | **Name of employee:**  |
| **Department:** | **Name of manager:**  |
| **Review period from: to:** |
|  |
| **Overall Performance Rating** |
| *Please use the scale below to rate your workplace behaviours* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5. Excellent** | **4. Good** | **3. Acceptable** | **2. Developing / Marginal** | **1. Unsatisfactory** |

|  |  |
| --- | --- |
| **Rate your workplace behaviours** *(How would you rate your overall performance?)* | **Your Rating** *(using scale above)* |
| Getting things done (and completes tasks in a timely manner) |  |
| Contributing positively to team work |  |
| Demonstrating initiative |  |
| Demonstrating attention to detail |  |
| My attendance and punctuality |  |

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

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

 **Employee Date**