

EMPLOYEE SELF APPRAISAL FORM

EMPLOYEE NAME _____ DATE _____

Reason for Evaluation: ___ Annual ___ Promotion ___ Merit ___ Other

Starting Date in Position: ___/___/___ Date of Last Evaluation: ___/___/___

The Town of Stratham is committed to maintaining documented performance standards and expectations for all positions within the Town and for providing employees with consistent feedback about performance and position responsibilities.

This self appraisal is intended to help employees objectively reflect on their performance and work situation over the evaluation period and to be prepared to participate actively in the evaluation conversation with their supervisor. It provides the supervisor with valuable information about employee performance, needs, and concerns from the employee's perspective. Employee answers are an annual opportunity for input into what changes could be considered for the good of the department and the town. This form will become part of an employee's permanent personnel record attached to the corresponding performance evaluation form.

1. Since your last evaluation, what job-related accomplishments are you most proud of, and why?

2. Which of your responsibilities did you perform best or improve in the most? What contributed to this?

3. Which of your responsibilities could you have performed better? What affected your performance?

4. What courses, training, or experience most benefited you since your last evaluation?

5. In what areas could you have used more experience or training?

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6. What assistance, tools, or resources could help you be more effective in your position?

7. What suggestions, ideas, or concerns do you have for yourself or for the department?

8. What skills do you have that are being underutilized that you would like to use more?

9. Are there skills that you do not have now that you would like to develop? How can your supervisor help you in developing those skills?

10. What are you most proud of concerning your goals for the past period? What contributed to your success in achieving that goal or goals? If any/all goal(s) were not achieved, what obstacles prevented your success?

11. What goals would you like to achieve in the coming year? How do those goals add value to the work of the department and the Town?

12. For which of your goals would you like your supervisor's assistance and support? What obstacles need to be removed so that you can successfully achieve your goals?

Other topics related to your position that you would like to discuss and/or additional comments: