The University of Tennessee Health Science Center Employee Self-Assessment Form

Section 1: Staff Member Information

Staff Member Name		Personnel ID	
Sup	ervisor Name		
Performance Year		Date Completed	
Section 2: Self Assessment			
Please attach additional sheets if necessary when answering the following questions:			
1.		e your principal job duties? If not, in what respects ur last Performance Review (or the date of last PDQ	
2.	What were your major achievements in the	past year?	
3.	Who are your primary customers and how	well have you served them this past year?	
4.	What are the areas of your performance (be Please describe.	haviors and results) on which you could improve?	
5.	Are there additional skills or knowledge that present job or enhance your skill opportunity	at would help you more effectively perform your ties? If yes, please list.	

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6.	What goals (specific, measurable, action-oriented, results-driven and time-bound) do you expect to accomplish during the next year?	
7.	In general, what is your opinion of communication within your department and how could it be enhanced?	
8.	List the subjects you would like to discuss during your annual performance evaluation meeting.	
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Section 3: Signatures		
Staff N	Member: Date:	
	pervisor: Date:	

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