

**SELF-EVALUATION**  
 UUP Professional Employees

Employee's Name:			
Department:			
Evaluation Period:	From Date:		To Date:
Campus Title:			
Budget Title:		Grade Level:	SL-
Initial Appointment Date:		Appointment Date to Current Title	
Immediate Supervisor & Title:			

**Employee Self-Evaluation Instructions**

Use of this form is voluntary. Its purpose is to assist professional employees in having input into their annual evaluation.

Areas to address may include: how you have succeeded in carrying out your assigned duties and responsibilities as outlined in your performance program, where you have performed particularly well and why, where you could have performed more effectively and how, goals for the upcoming evaluation period and a plan for accomplishing them.

This form should be completed and discussed with your supervisor at a mutually convenient time shortly after you receive notification that your evaluation is due. It may be attached to your annual **PERFORMANCE EVALUATION**.

Comments:

\_\_\_\_\_  
 EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
 DATE

**DISTRIBUTION:**

**It may be attached to your annual Performance Evaluation**