



LIAISON
COLLEGE

Annual Review / Self Evaluation

Full Name:

Position: Location: Supervisor:

Date of Hire: Current Date:

Current Status: Salary Hourly Rate Commission

Company Benefits:

Vacation: 1 wk 2 wks 3 wks 4 wks 5 wks 6 wks

List Your Strengths:

Comments

List Your Weaknesses:

Comments

List What You Can Do to Improve Your Weaknesses:

Comments

How Do You Like Your Work Environment?

Comments

Can You Make Any Recommendations for Changes?

Comments

What Major Challenges Affect Your Work?

Comments

Do You Have Any Comments or Suggestions?

Comments

This is the information we have for you on file. Please review this information and update as necessary

Full Name:	<input type="text"/>				
Address:	<input type="text"/>	City:	<input type="text"/>	Postal Code	<input type="text"/>
SIN:	<input type="text"/>	Phone No.:	<input type="text"/>	DOB:	<input type="text"/>
Direct Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Transit #:	<input type="text"/>	Account #:	<input type="text"/>	Institution:	<input type="text"/>
Method of Remuneration:	<input type="text"/>	<input type="checkbox"/> Hourly	<input type="checkbox"/> Consultant		

FOR OFFICE USE ONLY

Recommendations:

Signature _____

Date: