

Self-Assessment for Work

Submit to Manager By:

Employee Name: _____

Position/Role: _____

Note: Please rate your performance in each area by selecting the option that best reflects your self-assessment (e.g., Needs Improvement, Fair, Good, Very Good, Excellent).

| Self-Assessment Areas | Rating | Notes |
|-----------------------|--------|-------|
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Overall Comments:

Employee Signature: _____

Date: _____