

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

**Section 1: Staff Member Information**

Staff Member Name \_\_\_\_\_ Personnel ID \_\_\_\_\_  
Supervisor Name \_\_\_\_\_  
Performance Year \_\_\_\_\_ Date Completed \_\_\_\_\_

**Section 2: Self Assessment**

Please attach additional sheets if necessary when answering the following questions:

1. Does your current PD adequately describe your principal job duties? If not, in what respects have your position duties changed since your last Performance Review (or the date of last PD revision).
  
  
  
  
  
  
  
  
  
  
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 (behaviors and results) on which you could improve? Please describe.
  
  
  
  
  
  
  
  
  
  
5. Are there additional skills or knowledge that would help you more effectively perform your present job or enhance your skill opportunities? If yes, please list.

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 Member: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_