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| Employee Self-Evaluation Form | | | | | | | |  | **Submit to Manager By:** |
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| **Employee Name:** |  | | | |  | **Position/Role:** | | |  |
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| ***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).* | | | | | | | | | |
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| **Self-Assessment Areas** | | | | **Rating** | | **Notes** | | | |
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| **Overall Comments:** | | | | | | | | | |
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| Employee Signature: | | |  | |  | | Date: | |  |
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