

Office of Human Resources 1419 Salt Springs Road Phone: 315.445.4155

Fax: 315.445.6023

Name:		Title:	
Supervisor:		 Dept:	Division:
Appraisal Period: From:			
Please complete this form	m in preparation	n for your performan	ce discussion with your supervisor
1. Upon reviewing your job resp	oonsibilities, desc	ribe how you fulfilled	the expectations of your job.
2a. List your contributions to achi	ieving your depar	rtments, the College's,	and the OneLeMoyne goals.
b. List how you achieved your ir			these goals, why?
(Review previous year's self a	assessment, if nec	cessary)	
3. Describe your contributions to	o improving servi	ce/satisfaction within	your department and to the College.
5. Describe jour continuations to	o improving servi	co, satisfaction within	, our department and to the conege.

4.	List exceptional contributions and/or those beyond the scope of your job that you have made to your department since the last performance assessment.				
5.	List areas of your performance you would like to improve.				
6.	Identify notable obstacles you encountered in accomplishing your job since the last performance assessment (if applicable). List possible solutions to overcome these obstacles.	•			
7.	Identify any ideas that could improve your job, work area, or department.				
8.	Add any additional information that you wish to have considered. (Attach separate sheet if needed.)				
En	nployee's Signature: Date:				
	pervisor's Signature:				
	ce President's Signature: Date:				