PRETECT Value Through Performance	PREVENT AND PROTECT W.L.L.	*Doc. No.:*	*HRD-F017C*
	HUMAN RESOURCE DEPARTMENT	*Revision:*	*1*
	SELF ASSESMENT FORM	*Date:*	*07-04-2024*

Name:		Review Period	From:		To:	
Designation:		Employee No.:				
Department:		Joining Date:				

INSTRUCTION

Assess your job performance over the past [enter no. of years working] and provide answers to the following questions. Kindly return the evaluation to the HR Department no later than [required date].

RATING									
5	*Strongly Agree*	4	*Agree*	3	*Neither Agree nor Disagree*	2	*Disagree*	1	*Strongly Disagree*

	SELF REFLECTION	**RATING**
1	My workload is manageable, allowing me to maintain a healthy work-life balance.	
2	I effectively communicate with my colleagues and superiors.	
3	I demonstrate adaptability and flexibility in handling changes or challenges in the workplace.	
4	I actively seek opportunities for learning and professional development.	
5	I adhere to company policies, procedures, and conducts consistently.	
6	I demonstrate leadership qualities or take initiative when necessary.	
7	I collaborate well with team members and contribute to a positive work environment.	
8	I effectively prioritize tasks and manage my time to meet deadlines.	
9	I demonstrate problem-solving skills and find solutions to challenges independently.	
10	I actively participate in meetings, discussions, or projects relevant to my role.	
11	I demonstrate a commitment to continuous improvement and innovation in my work.	
12	I effectively handle conflicts or disagreements with professionalism and maturity.	
13	I maintain a high level of accuracy and attention to detail in my work.	
14	I demonstrate proficiency in relevant technical skills or tools required for my role.	
15	I actively contribute ideas and suggestions for improving processes or workflows.	

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AREAS FOR IMPROVEMENT	
A.	Are there any resources that would help you improve your performance?
B.	Are there parts of your job that you wish you could do less or more of?
C.	What skills could you develop through education, training, or mentorship?
D.	What do you consider the most significant accomplishments you have made during this review period?
E.	List two goals for the next review period. How can we help support you in accomplishing these goals?
F.	Please share any additional comments/feedback.

EMPLOYEE SIGNATURE	
By signing below, you confirm that the information provided in this self-assessment is accurate and truthful.	
Signature over printed name	Date of Completion

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