

OPE Staff Self-Appraisal Form

Name: _____

Classification: _____ Dept.: _____

This questionnaire must be completed by the employee prior to the appraisal meeting. In cases where the staff member believes a particular question is not applicable, the question should be discussed with a supervisor prior to the appraisal meeting. Answer the following six questions, as thoroughly as possible, on separate paper. Please date & all attachments.

1. What were your major accomplishments during the past year; be as specific as possible:
2. List your job-related strengths; please give examples of how you utilize these strengths during the past year:
3. Identify any difficulties or problems encountered in the workplace and actions you took to overcome these difficulties or problems:
4. Identify any job-related weaknesses or areas where you believe additional development is needed:
5. What are your professional goals and objectives for the next year at USF:
6. What resources can be provided which would assist you in meeting future goals/objectives:

Are there any additional comments, observations or suggestions you care to make which would help your supervisor and the University evaluate your job performance?

Employee: _____ Date: _____

Supervisor: _____ Date: _____

Supervisor Review Form for OPE Staff

Staff Member's Name: _____ Classification: _____

Supervisor's Name: _____ Department: _____

It is recommended that this Supervisor Appraisal form be completed in draft form by the supervisor and reviewed by her/his supervisor before being discussed and finalized with the staff member.

1. List the staff member's major accomplishments during the past year. In what specific ways did these support the University's and department's goals?
2. List specific examples of the staff member's strengths and how they relate to the quality and scope of the staff member's work.
3. Describe any difficulties or problems encountered in the workplace and the actions taken by the staff member to overcome these difficulties or problems.
4. Describe any professional job-related weaknesses and areas needing improvement.
5. List your goals and objectives for this staff member for the next year.
6. Describe the staff member's overall performance for this period. Give specific examples to support your assessment.

Please see staff member's attached comments.

Employee: _____ Date: _____

Department Chair: _____ Date: _____
(if applicable)

Supervisor: _____ Date: _____