

FORM A

UNIVERSITY OF CAPE COAST STAFF SELF-APPRAISAL FORM

Instructions for completing this form:

- Employees should respond to each of the questions completely and accurately.
- Employees should complete this form **prior to the annual performance appraisal meeting** with their supervisors.
- Employees should provide their supervisor a copy of this completed form prior to their performance appraisal meeting.

Name of Employee: **Staff No:**

Employee's Designation/ Rank:

Employee's Department:

Name of Supervisor:

Supervisor's Designation/ Rank:

Year under Review:

1. List your most significant accomplishments this past year.
2. a. List any barriers or challenges that you have.

2. b. How has this barrier(s)/challenge(s) helped you to accomplish your goals

Empty response area for question 2b.

3. Please list your area(s) of strength and area(s) of improvement.

Empty response area for question 3.

4. What skills or new knowledge would you like to develop to improve your performance?

Empty response area for question 4.

5. Is there any other information you would like to share with your supervisor regarding your work performance?

Empty response area for question 5.

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Employee Signature/Date

.....
Supervisor Signature/Date

.....
Name

.....
Name

Note: Supervisor Signature verifies that the Supervisor has read the contents of this document and it does not necessarily imply agreement with the contents.