**Annual Review and Work Plan**  
**Exempt Professional/Administrative Staff**  
**Employee Self-Evaluation**

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Position Title:</th>
<th>Department:</th>
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<tr>
<td>Date of Work Plan:</td>
<td>Period of Review:</td>
<td>Date Hired:</td>
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The bulleted points below are intended to assist you in preparing for your Annual Review and Work Planning session. Attach the following materials to this form and submit to your supervisor prior to your scheduled planning session:

- An up-to-date job description (an outline of the preferred format is attached)
- A summary of the past year’s activities in your area, including the highlights and the challenges (one to two pages)
- A list of potential goals (3 to 5) for you in the coming year
- A summary of developmental and/or performance needs for the current job to enhance/improve current skills or abilities, to develop new skills or to broaden knowledge (*include suggestions on the types of learning experiences that are appropriate for addressing your needs* (*i.e.* formal or informal courses/workshops, experiential learning, mentoring, conferences, committee participation, special projects, etc.))
- Other Suggestions/Comments

**Overall Assessment:**  
The following glossary of terms will help to provide you and your supervisor with a common benchmark in assessing the past year’s achievements. Please circle one of the following to rate your overall performance:

- **Exemplary** – Performance completed far beyond expectations and in a manner bringing recognition to the department, division, and/or institution
- **Commendable** – Performance completed in a manner worthy of recognition; exceeds expectations of the position
- **Competent** – Performance completed satisfactorily in all areas of position; needs minimal supervision
- **Needs Improvement** – Performance results are below acceptable standards; demonstrates insufficient understanding of the job; often needs direction regarding work
- **Unsatisfactory** – Fails to meet expectations of the position

_______________________________________  
_______________________  
Employee Signature  
Date