



CITY OF ERIE
Self-Assessment Form Non-Bargaining

NAME: _____ REVIEW PERIOD: _____

DEPARTMENT: _____ JOB TITLE: _____

RETURN THIS FORM TO YOUR SUPERVISOR BY: _____

What were your major achievements last year?

What are the areas of your performance on which you could improve?

Are there additional skills or knowledge that would help you more effectively perform your present job or enhance your skill opportunities?

What goals do you expect to accomplish during the next year?

List the subjects you would like to discuss during your annual performance review meeting.