ANNUAL EMPLOYEE PERFORMANCE REVIEW

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| **Name: Title:** **Department: Supervisor:** **Review Period From: To:** **Date of Review Discussion:** **Overall Performance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(S*upervisor’s response: Successful OR Currently Not Successful*)** **GOALS AND RESULTS**Please refer to the current performance period’s goals and position description to complete this section. The employee will complete their self-assessment first, based on their current goals and the job responsibilities set forth in their job description. The supervisor will then evaluate and discuss with the employee the employee’s performance, achievement of goals, employee accomplishments, including any areas of performance which exceeded expectations, and areas for improvement.***What goals and/or responsibilities have gone well this year?*** Employee Response Supervisor Response

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***What goals and/or responsibilities are areas for improvement and what support is needed? Please*** ***provide specific examples.***Employee Response Supervisor Response

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**BEHAVIORS AND SKILLS** (In completing this section, please reference: [Skidmore Employee Competencies](https://www.skidmore.edu/hr/policies/Skidmore-Employee-Competencies-Final-3.2024.pdf)) ***What behaviors and skills contribute to success in this role and as a member of the Skidmore*** ***community?*** Employee Response Supervisor Response

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***What behaviors and skills are areas for development and what support is needed?*** Employee Response Supervisor Response

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***What contributions have you made to create a welcoming, respectful and inclusive work environment?*** Employee Response Supervisor Response

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**ANNUAL GOALS AND OBJECTIVES**Employees and their supervisors should complete this section together. This section should take into account the employee’s strengths and areas for improvement together with how the employee’s role will contribute to their department/program’s goals for the upcoming year.  Goals may be updated throughout the year as necessary.Goals to accomplish from \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_.***Individual Goals to Meet Department Objectives***

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***Individual Goals for Professional Development and Growth****What are professional interests/goals and what support is needed to achieve them?* *What goal will you set related to further supporting a welcoming, respectful and inclusive work environment?*

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*I acknowledge that I have received a copy of this document and have discussed its content with my Supervisor. My signature does not necessarily indicate agreement with any specific statement(s) included above, and I reserve the right to provide a written response, should I choose to do so.*

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Employee’s Signature

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Printed Name

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Supervisor’s Signature

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Printed Name

**Reminder: Signed Originals of Performance Reviews must be filed with Human Resources annually.**