



City of Gunnison

Performance Evaluation-Employee Input Form

Employee Name:	Position Title:
Department:	Date:
Performance Review: _____ Annual _____ Other:	

Describe progress you've made toward previously established goals since your last evaluation.

1.

2.

3.

Describe other major accomplishments during this period.

Please provide any other comments, feedback you believe is appropriate, or recommendations to improve our effectiveness as a team or to better provide customer service?

What goals would you like to set for yourself for the next evaluation period?

1.

2.

3.

Describe any professional development activities undertaken during this evaluation period and/or any requests for activities during the next evaluation period.

Describe any additional support you need to achieve your goals or enhance your performance. What has been the greatest challenge over the last year?

Are there any other job related issues that you would like to talk about?