

**City of Boardman OR** City Manager Self Evaluation

Employee Name \_\_\_\_\_ Title \_\_\_\_\_

Evaluation Period ☐ Annual Review \_\_\_\_\_ Date \_\_\_\_\_

Time in Position \_\_\_\_\_ Time with City \_\_\_\_\_

Share the positive contributions you have made this past year?

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Where do you need improvement from last year?

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What you would like to accomplish and work on during the next 12 months in your position.

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**Signatures**

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Mayor Signature: \_\_\_\_\_ Date \_\_\_\_\_

## valuation

## ty Manager