

Employee		Department		Performance Year	
LSU ID		Title		Evaluation Period	

**I. Employee’s Comments**

*The Employee may provide a brief narrative or self-assessment on work performance, accomplishments, etc. during this evaluation period.*

**II. Challenges & Solutions**

*The Employee must identify the challenges of the previous year and actions taken to meet them. List potential solutions and strategic goals that could produce effective and efficient results.*

<b>Signatures</b>	Print Name	Signature	Date
Employee *			