GLOOSCAP
First Nation

Job Duties/Performance Review

Glooscap First Nation / Glooscap Ventures – HR & Policy Department

Supervisor: ___________________________

Employee Name: ___________________________

Start Date: ___________________________

Job Title – Duties

Confirm these duties were completed	Check	1 – Poor / Does Not Meet Expectations	2 – Fair / Partially Meets Expectations	3 – Good / Meets Expectations	4 – Excellent / Exceeds Expectations	Notes
	☐					
	☐					
	☐					
	☐					
	☐					
	☐					
	☐					
	☐					
	☐					
	☐					
	☐					
	☐					
	☐					
	☐					
	☐					
	☐					
	☐					
	☐					
	☐					
	☐					
	☐					
	☐					
	☐					
	☐					

Performance Review Metrics (Short, Measurable Items)

		Comments				
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					

New Goals for Upcoming Year (SMART)

List clear, measurable financial, governance, and operational goals.

Self-Assessment & Professional Development

Employee Self-Assessment

Key Accomplishments:
Challenges faced:
Support needed from leadership:

Personal & Professional Development

Provide details of additional courses, trainings, leadership development, cultural competency actions, or volunteer work completed during the review period.

Activity / Course / Action	Description	Date Completed	Impact on Role

Professional Development Plan

(Training, certifications, finance system upgrades, leadership training, etc.)

Development Need	Action Plan	Timeline	Support Needed

Overall Performance Rating (Supervisor to Complete)

☐ Exceeds Expectations
☐ Meets Expectations
☐ Partially Meets Expectations
☐ Does Not Meet Expectations

Supervisor Summary:

Employee Comments: (Optional)

Signatures

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

HR Signature: _____ Date: _____