Woods Hole Oceanographic Institution
Human Resources Office

NON EXEMPT STAFF PERFORMANCE REVIEW

Employee's Name:	Title:
Date:	Date in Current Position:

Principal Responsibilities:

Has the employee's job changed significantly during this evaluation period? Yes ☐ No ☐ If Yes, please describe the changes on a separate sheet.

EVALUATION CRITERIA AND FACTORS: Describe the employee's performance relative to the criteria and factors stated below. Additional sheets may be attached to elaborate on specific performance aspects.

Evaluation Criteria – Rating Definitions:

1 = UNSATISFACTORY: The employee does not perform at an acceptable level to meet the position standards.

3 = NORMAL AND EXPECTED: The employee consistently meets the position standards; performance is fully acceptable and demonstrates sound balance between quality and quantity.

5 = EXCEPTIONAL: The employee routinely exceeds the acceptable standards for the position by demonstrating outstanding performance and knowledge to carry out and improve the most complex and demanding portions of the job.

Performance Factors

A. Quality of Work	**5**	**4**	**3**	**2**	**1**
1. What is the quality of the employee's technical skills?	☐	☐	☐	☐	☐
2. Does the employee maintain awareness of changes in technical areas and respond to those changes?	☐	☐	☐	☐	☐
3. Does the employee correct errors or question inconsistencies in work assigned?	☐	☐	☐	☐	☐
4. Does the employee organize work to make the job easier and the supervisor's job easier?	☐	☐	☐	☐	☐
5. Is the work accurate and timely?	☐	☐	☐	☐	☐
COMMENTS					

B. Quantity of Work	**5**	**4**	**3**	**2**	**1**
1. Does the employee manage work efficiently?	☐	☐	☐	☐	☐
2. Are speed and consistency of output, time utilization and results satisfactory?	☐	☐	☐	☐	☐
COMMENTS					

C. Interpersonal Relationships	**5**	**4**	**3**	**2**	**1**
1. How does the employee work with others? Can the employee receive assignments from several people, judge or resolve priorities and maintain good working relationships with those involved?	☐	☐	☐	☐	☐
2. Does the employee obtain cooperation from others?	☐	☐	☐	☐	☐
3. Is help offered to others during slow periods?	☐	☐	☐	☐	☐
4. How effectively does the employee address and resolve conflict/problem situations with others?	☐	☐	☐	☐	☐
5. How are dealings with outside contacts handled?	☐	☐	☐	☐	☐
COMMENTS					

D. Initiative and Self Reliance	**5**	**4**	**3**	**2**	**1**
1. Is the employee able to take action without direction? (i.e. what is the extent of supervision required?)	☐	☐	☐	☐	☐
2. Does the employee seek out new and better ways of accomplishing a task?	☐	☐	☐	☐	☐
3. Does the employee seek out new responsibilities?	☐	☐	☐	☐	☐
COMMENTS					

E. Dependability	5	4	3	2	1
1. Is the employee generally willing to change plans in order to meet deadlines?	☐	☐	☐	☐	☐
2. Does the employee accomplish all tasks within the proper time frame?	☐	☐	☐	☐	☐
3. Is work complete and thorough, eliminating the need for close review?	☐	☐	☐	☐	☐
4. Is closer review of work required during the pressure periods?	☐	☐	☐	☐	☐
5. How much knowledge of the supervisor's work and department does the employee have?	☐	☐	☐	☐	☐
6. In the supervisor's absence, can this knowledge be applied to ensure that matters are tended to or are referred to the proper person for action?	☐	☐	☐	☐	☐
7. Are such factors as attendance, punctuality, time off, adherence to Institution policies and procedures satisfactory?	☐	☐	☐	☐	☐
COMMENTS					

F. Summary Assessment	5	4	3	2	1
1. Taking all the performance factors and evaluation criteria into consideration and realizing that some of the factors are more significant to acceptable performance than others, how would the employee's overall performance be summarized during this evaluation period?	☐	☐	☐	☐	☐
COMMENTS					

Employee Input (Optional)

Any activities and/or accomplishments completed during the evaluation period which the employee feels were of significant value or beyond the normal scope of regular duties should be described below under column A and commented on by the supervisor in column B. The employee can also use this space to comment on circumstances that may have affected any of the ratings noted above or for any other comments pertaining to the review.

ACTIVITES (A) (Employee)	COMMENTS (B) (Supervisor)

Supervisor's Comments and Recommendations

If applicable, indicate performance areas where improvement is warranted and outline action plans to assist the employee in achieving a higher level of performance. Include specific activities and target dates for accomplishing these objectives. Also include any other comments, positive or negative, which you feel are important:

Supervisor's Recommendations for Special Training/Courses to Assist Employee's Professional Development

Evaluation prepared and career counseling performed by:

Supervisor's Signature: _____

Print Name: _____

Date: _____

Employee Sign-off:

I have_____ have not_____ discussed my career options. I have reviewed this evaluation and discussed the contents with my supervisor. My signature means that I have been advised of my performance and have been given the opportunity to make comments, but does not necessarily imply agreement with the evaluation or the contents.

Employee's Signature: _____

Print Name: _____

Date: _____