



# TOWN OF SOMERS

## Human Resources Office

### NON-EXEMPT STAFF PERFORMANCE REVIEW

Employee's Name:	Title:
Review 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 – Job requirements are not achieved. Requires continuous direction. Overall performance is unacceptable.

2 = NEEDS IMPROVEMENT – Job requirements are not fully achieved. Requires substantial direction. Employee may be new and/or developing in the position.

3 = MEETS ALL EXPECTATIONS – Achieves all job requirements. I competent in all responsibilities of the position. Requires minimal direction.

4 = EXCEEDS EXPECTATIONS – Achieves all job requirements and consistently exceeds expectations in the areas of quality, productivity, reliability; goes above and beyond what is expected on a regular basis.

### PERFORMANCE FACTORS

A. Quality of Work	4	3	2	1
1. What is the quality of the employee's technical skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the employee maintain awareness of changes in technical areas and respond to those changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the employee correct errors or question inconsistencies in work assigned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the employee organize work to make the job easier and the other department members' jobs easier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the work accurate and timely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

B. Quantity of Work	4	3	2	1
1. Does the employee manage work efficiently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are speed and consistency of output, time utilization and results satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

C. Interpersonal Relationships	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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the employee obtain cooperation from others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is help offered to others during slow periods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How effectively does the employee address and resolve conflict/problem situations with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How are dealings with outside contacts handled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

D. Initiative and Self-Reliance	4	3	2	1
1. Is the employee able to take action without direction? (i.e. what is the extent of direction required?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the employee seek out new and better ways of accomplishing a task?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the employee seek out new responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

E. Dependability	4	3	2	1
1. Is the employee generally willing to change work plans in order to meet deadlines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the employee accomplish all tasks within the proper time frame?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is work complete and thorough, eliminating the need for close review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is closer review of work required during the pressure periods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How much knowledge of other department member's work and other department functions does the employee have?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. In the absence of other department members and/or the supervisor, can this knowledge be applied to ensure that matters are tended to or are referred to the proper person for action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are such factors as attendance, punctuality, time off, adherence to Town policies and procedures satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS:				
F. Summary Assessment	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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS:				
<b>Employee Input (Optional)</b> 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 reviewer 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.				
ACTIVITIES (A) (Employee and/or Reviewer)		COMMENTS (B) (Supervisor/Reviewer)		
<b>Reviewer/Supervisor Comments and Recommendations</b> 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:				
<b>Reviewer/Supervisor Recommendations for Special Training/Courses to Assist Employee's Professional Development:</b>				
<b>Evaluation prepared and job/career counseling performed by:</b>  Reviewer/Supervisor's Signature: _____  Print Name: _____  Date: _____  <b>Employee Sign-off:</b> I have_____ have not_____ discussed available job/career options. I have reviewed this evaluation and discussed the contents with my supervisor/reviewer. 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: _____				