**2016 MARINE EMPLOYEE DEVELOPMENT AND EVALUATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** |  | **R/V** |  |
| **POSITION**  |  | **MASTER** |  |
| **DATE** |  | **EVALUATION PERIOD FROM** |  | **TO** |  |

Were performance expectations reviewed with the employee at the start of the appraisal period? \_\_\_\_\_\_\_\_\_\_\_\_

Was the employee given periodic performance feedback during this period? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This section is designed to assist in measuring an employee's actual job performance against the standards of the assignment, rather than against the performance of others who have done or are doing similar work. N Is for No Opportunity to Observe, #1 Unsatisfactory, #2 Needs Improvement, #3 Generally meets the requirements, #4 Generally exceeds requirements, #5 Exceptional. Start with #3 and then decide if the performance can support a move to the right or left. This review is conducted by the supervisor, with oversight and assistance as necessary, by the Master. Completing this form once per year for regular employees, on the anniversary date, would be one method of distributing the work load. Temporary employees should be evaluated EACH time either the Master or Individual rotates off the vessel.

**GENERAL/ALL**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DEMONSTRATES SAFETY CONSCIOUSNESS | N | 1 | 2 | 3 | 4 | 5 |
| COMMITS TO TEAMWORK | N | 1 | 2 | 3 | 4 | 5 |
| ACTS QUICKLY IN EMERGENCIES | N | 1 | 2 | 3 | 4 | 5 |
| COOPERATES WITH SCIENTIFIC PERSONNEL | N | 1 | 2 | 3 | 4 | 5 |
| ASSUMES RESPONSIBILITY WILLINGLY | N | 1 | 2 | 3 | 4 | 5 |
| DISPLAYS POSITIVE ATTITUDE | N | 1 | 2 | 3 | 4 | 5 |
| ACCEPTS CONSTRUCTIVE FEEDBACK | N | 1 | 2 | 3 | 4 | 5 |
| DEMONSTRATES WATCHSTANDING SKILLS | N | 1 | 2 | 3 | 4 | 5 |
| DEMONSTRATES ATTENTION TO COST CONTROL AND INVENTORY | N | 1 | 2 | 3 | 4 | 5 |
| PROFICIENCY IN ASSIGNED DUTIES/RESPONSIBILITIES | N | 1 | 2 | 3 | 4 | 5 |

**LICENSED OFFICERS AND DEPARTMENT HEADS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| EXHIBITS LEADERSHIP SKILLS | N | 1 | 2 | 3 | 4 | 5 |
| COMMUNICATES EFFECTIVELY | N | 1 | 2 | 3 | 4 | 5 |
| PLANS WORK EFFICIENTLY | N | 1 | 2 | 3 | 4 | 5 |

**TO BE COMPLETED BY SUPERVISOR: (ATTACH ADDITIONAL SHEETS AS NECESSARY)**

**WHAT ARE THE PRIMARY RESPONSIBILITIES OF THIS POSITION?**

**DOES THE INDIVIDUAL UNDERSTAND THESE REQUIREMENTS? DOES HE/SHE READILY ACCEPT ADDITIONAL RESPONSIBILITY FOR AREAS NOT CONSIDERED PRIMARY?**

**AREAS OF DEMONSTRATED STRENGTHS AND ACCOMPLISHMENTS:**

**AREAS IN WHICH THIS PERSON CAN IMPROVE:**

**SUPERVISOR'S SUGGESTIONS TO MEET IMPROVEMENT REQUIREMENTS, OR TRAINING RECOMMENDATIONS.**

**OTHER COMMENTS:**

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor/Master: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Employee signature does not necessarily indicate agreement with the supervisor’s comments, either in part or in total.**



**2016 MARINE EMPLOYEE DEVELOPMENT AND SELF-EVALUATION FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME** |  | **R/V** |  |  |  |
| **POSITION**  |  | **MASTER** |  |  |
| **DATE** |  | **EVALUATION PERIOD FROM** |  | **TO** |  |

**THIS SECTION TO BE COMPLETED BY THE CREWMEMBER AND SUBMITTED TO SUPERVISOR BEFORE THE EVALUATION DIALOGUE: (ATTACH ADDITIONAL SHEETS IF NECESSARY)**

**WHAT DO YOU CONSIDER THE PRIMARY RESPONSIBILITIES OF YOUR POSITION?**

**HAVE THESE RESPONSIBILITIES CHANGED DURING YOUR CAREER? HOW DO YOU ADJUST AS THE REQUIREMENTS CHANGE?**

**SIGNIFICANT ACCOMPLISHMENTS DURING THIS REVIEW PERIOD:**

**WHAT ARE YOUR STRENGTHS?**

**WHAT AREAS NEED FURTHER DEVELOPMENT?**

**WHAT ARE YOUR CAREER GOALS? SHORT-TERM? LONG-TERM?**

**HOW CAN YOUR SUPERVISOR AND WHOI HELP YOU ACHIEVE YOUR OBJECTIVES?**

**OTHER COMMENTS:**

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor/Master: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_