

Research Corporation of the University of Hawai'i 12-Month/Needs-Based Performance Evaluation

GENERAL INFORMATION:

G1	Name: (Last, First)		Project Name:	
		Employee ID#:	Distribution Code:	
G2	Job Title:		Type of Evaluation (Select from Dropdown):	
G3	Period FROM:		Period TO:	

RATING DEFINITIONS:

G4	3	Merit	Sustained exceptional performance. Achievements are clearly above and beyond expectations and have significance to project outcomes.
	2	Satisfactory	Performance satisfies the requirements of the job. Performance meets standards set for the position on a consistent basis.
	1	Needs Improvement	Improvement needed in job performance (e.g., job competence, knowledge, skills, abilities, conduct, etc.)
	0	Unsatisfactory	Performance completely fails standards established for the job.

SECTION 1 - PERFORMANCE COMPETENCIES:

	Instructions: Enter the rating, which describes the employee's work performance. Include your written comments as applicable. The scores will automatically add up to the Total and Average Score Section 1. Rating Value: 3 = Merit, 2 = Satisfactory, 1 = Needs Improvement, 0 = Unsatisfactory	Click on Box for Drop Down of scores. Select score based off Rating Value as defined.										
S1-1	Attendance/Work Habits: Appropriate use of paid/unpaid leave, reliable to meet project's workload, maintains required hours, effective use of time.											
	Cooperation: Ability and willingness to work with associates, superiors and others. Develops cooperation while working toward solutions and goals.											
	Communication: Communicates timely and effectively to superiors/coworkers.											
	Dependability/Commitment to Work: Conscientious, responsible, reliable with respect to work completion.											
	Initiative: Works independently toward project's or job's goals. Improves working skills and abilities.											
	Learning Ability/Knowledge of Job: Readily grasps new job requirements. Has a clear understanding of facts or factors pertinent to the job.											
	Productivity: Completes all assignments on time within acceptable standards. Submits assignments timely. Operates with a clear sense of priorities.											
	Quality of Work: Thoroughness, accuracy and neatness of work. Takes appropriate action to reduce errors.											
	Overall Support & Contributions to Success of Project: Measurable contributions that produced significant impact to the success of the program or project during the rating period.											
S1-2	Total Score for Section 1											
S1-3	Average Score for Section 1											
		<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Overall Rating</td> <td style="text-align: center;">Score Ranges</td> </tr> <tr> <td style="text-align: center;">Merit</td> <td style="text-align: center;">2.4 - 3.0</td> </tr> <tr> <td style="text-align: center;">Satisfactory</td> <td style="text-align: center;">1.6 - 2.3</td> </tr> <tr> <td style="text-align: center;">Needs Improvement</td> <td style="text-align: center;">1.0 - 1.5</td> </tr> <tr> <td style="text-align: center;">Unsatisfactory</td> <td style="text-align: center;">0.0 - 0.9</td> </tr> </table>	Overall Rating	Score Ranges	Merit	2.4 - 3.0	Satisfactory	1.6 - 2.3	Needs Improvement	1.0 - 1.5	Unsatisfactory	0.0 - 0.9
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SECTION 2 - EMPLOYEE PERFORMANCE/JOB COMPETENCIES NARRATIVE (enter comments in box below):

S2-1	1) Demonstrated strengths and accomplishments:

S2-2	2) Areas requiring improvements and actions needed to demonstrate improvement; and/or opportunities for development:

S2-3	Employee Comments (if additional space is needed, please provide your PI/Supervisor with an attached narrative, which must be reviewed/signed by PI):

S2-4	EMPLOYEE SIGNATURE: By signing below, I am acknowledging that my supervisor reviewed this performance evaluation with me. Check either "Yes" or "No" below to certify the following: I have completed all mandatory trainings and/or requirements as defined in my job description.		
	Yes No	Print Name:	Signature:

SECTION 3 – ADMINISTRATIVE REVIEWS:

S3-1	SUPERVISOR/MANAGER: (Person who completed this evaluation. If Principal Investigator is the same as Supervisor, move to line S3-2).		
	Print Name:	Signature:	Date:
S3-2	PRINCIPAL INVESTIGATOR: Sign and Date to certify: 1) The evaluation was reviewed with Employee and 2) If Employee is not compliant with trainings/requirements, it is my responsibility to ensure that the Employee is compliant within a reasonable time frame.		
	Print Name:	Signature:	Date:
Sign and submit to RCUH Human Resources via RCUH HR Portal (eUpload) no later than June 17, 2026 (July 1, 2026 annual performance evaluation period). Please contact rcuh_employment@rcuh.com if you have any questions.			
S3-3	RCUH HUMAN RESOURCES ONLY:		
	Print Name:	Signature:	Date: