

OCM BOCES
PERFORMANCE EVALUATION FOR OPERATIONS AND MAINTENANCE DEPARTMENT STAFF

NAME: _____
EVALUATION DATE: _____
DATE OF HIRE: _____

TITLE: _____
DEPARTMENT: _____
SUPERVISOR: _____

COMBO:
 Provisional: _____
 Probationary: _____
 Permanent: _____

KEY:
E=Performance consistently exceeds expectations
C=Performance consistently meets expectations and in some cases surpasses expectations
M=Meets expectations
P=Performance partially meet expectations, and in some cases, does not meet expectations
D= Performance does not meet minimal expectations

AREA OF WORK						E	C	M	P	D
Attendance, punctuality, and compliance with BOCES policies and procedures										
Sick		Personal		Family		<i>Attach Attendance Calendar</i>				
Works in team environment or independently with minimal supervision										
Follows through / follows up on work assignments										
Co-workers, staff, and outside contacts treated with courtesy and respect										
Understands and uses tools and procedures provided in workshops/seminars										
Supplies ordered timely; adequately maintains related records and reports										
Employee closet, cart, equipment, work area maintained in clean and orderly manner										
Maintenance of assigned tools and equipment										
Follows both written and oral instructions										
Organized and meeting daily performance expectations										
Ability to prioritize tasks and be flexible in work assignments										
Follows safety procedures										
Committed to departmental and organizational goals										
Takes pride in work										
Performs routine inspections of buildings to check for cleanliness										
Open to learning new methods, techniques, and skills										
Offers assistance to co-workers										
Checks email and electronic workorders on a regular basis										
Communicates with tact, diplomacy, and professionalism										
Seeks out new and better ways to improve processes										
Plans tasks for breaks/recesses and ensures successful completion										

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Suggestions, comments, and/or concerns (any area marked as P or D should have a comment or suggestion for improvement):

If more space is needed attach an additional page

EMPLOYEE COMMENTS:

What skills and or training do you need?

Employee's Goals:

Date of next review: _____

Employee Signature: _____

Evaluator's Signature: _____

Date: _____

Date: _____