

**OCM BOCES
PERFORMANCE EVALUATION FOR NON-INSTRUCTIONAL EMPLOYEES**

NAME: _____

TITLE: _____

EVALUATION DATE: _____

DEPARTMENT: _____

DATE OF HIRE: _____

SUPERVISOR: _____

COMBO

Provisional: _____
 Probationary: _____
 Permanent: _____

NON REPRESENTED

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**

					E	C	M	P	D
Attendance and punctuality meets BOCES policies and procedures									
Sick		Personal		Family	<i>Attach Attendance Calendar</i>				
Works independently with minimal supervision									
General willingness to do additional work when necessary									
Works well with and cooperates with other employees									
Work area is organized and accessible									
Ability to prioritize tasks									
Work is completed in a timely fashion									
Work is completed accurately									
Follows procedures									
Takes initiative to offer suggestions and ideas for overall department efficiency									
Adapts to change and is open to new ideas									
Shares information with other employees in the department									
Communicates in a professional manner									
Promotes a professional image									
Addresses inquiries and routes to appropriate department if necessary									
Shares information with customers									
Courteous and tactful to customers									
Returns calls and follows through on inquiries									

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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: _____

Date _____

Evaluator's Signature: _____

Date _____