OCM BOCES

PERFORMANCE EVALUTION FOR OPERATIONS AND MAINTENANCE DEPARTMENT STAFF

NAME: EVALUATION DATE: DATE OF HIRE:			TITLE: DEPARTMENT: SUPERVISOR:				:			
KEY:	COMBO: Provisional Probationary Permanent E=Performance consi C=Performance consi M=Meets expectation P=Performance partia D= Performance does	istently exce istently mee s ally meet exp s not meet m	ets expecta pectations ninimal exp	ations and , and in so pectations		es not meet e	kpectations			
Attendance Sick	and punctuality meets E		es and pro Family	cedures		Attach Atte	endance Cal	<u>endar</u>		
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Works in te	am environment or inde	pendently wi	th minimal	supervision	ı					
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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										<u> </u>
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Supplies ordered timely; adequately maintains related records and reports										
Employee o	closet, cart, equipment, v									
Maintenance of assigned tools and equipment										
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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										
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Committed to departmental and organizational goals										
Takes pride in work										
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Performs routine inspections of buildings to check for cleanliness										
Open to learning new methods, techniques, and skills										
Offers assistance to co-workers								1		
						<u> </u>		1	1	<u>l</u>
Checks email and electronic workorders on a regular basis										

Communicates with tact, diplomacy, and professionalism

Plans tasks for breaks/recesses and ensures successful completion

Seeks out new and better ways to improve processes

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