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

Attendance and punctuality meets BOCES policies and procedures						
Sick		Personal		Family		

Attach Attendance Calendar

	E	C	M	P	D
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 necesssary					
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 _____

Revised 07/01/2025