|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monroe ONE BOCES United Support Staff Evaluation for** | | | |  |
| DEPARTMENT: |  | EMPLOYEE: |  | |
| SUPERVISOR: |  | TITLE: |  | |

The purpose of this evaluation is to provide clear communication of employee job performance. Within 10 days of the evaluation conference, an employee may provide a written response to be attached to this evaluation.

|  |  |  |
| --- | --- | --- |
| 1. **SKILLS:** Performance of the position’s duties, responsibilities, methods, and procedures; use of technical knowledge and equipment. | | |
| **** | **1.** | Demonstrates excellent knowledge of the position, continues to learn, able to teach others, and performs all functions of job description efficiently and with excellence. |
| **** | **2.** | Demonstrates job skills knowledgably, continues to learn and work toward excellence. |
| **** | **3.** | Not able to consistently perform all the work required by the job description. |
| Comment: |  | |
| 1. **QUALITY:** Work completeness, accuracy, and understanding of directions, procedures, and policies. Maintenance of an organized work environment. | | |
| **** | **1.** | Work exceeds expectations in thoroughness and craftsmanship. Work is well documented. |
| **** | **2.** | Work is acceptable, work areas are reasonably maintained, meets expectations. |
| **** | **3.** | Work is not completed as asked or expected. Makes mistakes. Work areas are not neat and orderly. Does not adhere to policies and procedures. |
| Comment: |  | |

|  |  |  |
| --- | --- | --- |
| 1. **COOPERATION:**  Works well with others: supervisors, co-workers, faculty, students, and community. Dress and hygiene comply with BOCES standards. Follows directives. | | |
| **** | **1.** | Anticipates the needs of others, respectful of others, a pleasure with whom to work, and represents BOCES and the department with pride. |
| **** | **2.** | Meets the needs of others, exercises good sense, understands priorities, and is resourceful. Always appears ready for work. |
| **** | **3.** | Makes others uncomfortable. May not report ready for work in attitude or appearance. |
| Comment: |  | |
| 1. **COMMUNICATION:** Responds to inquiries promptly and tactfully. Completes all forms and requests. | | |
| **** | **1.** | Excellent communications, completes all forms and requests on time and with skill, and demonstrates confidentiality and discretion. |
| **** | **2.** | Completes assignments on time, receives information and acts on it as directed, clearly communicates expected and unexpected events. |
| **** | **3.** | Does not act on all the information given. Does not communicate unexpected events. Job performance is incomplete. |
| Comment: |  | |

|  |  |  |
| --- | --- | --- |
| 1. **INITATIVE:** Puts in a complete, productive day. Plans for and organizes daily tasks. Works with little or no supervision, adapts to change, is willing to take on different tasks that need to be done, and contributes to the whole. | | |
| **** | **1.** | Demonstrates outstanding judgement on when to contact supervisor. Highly motivated, independent and resourceful; accomplishes daily work with excellence. |
| **** | **2.** | Caring and willing employee who may need occasional guidance and support. |
| **** | **3.** | Requires close supervision. Unable or unwilling to do something different that needs to be done. Not committed to the success of the organization. |
| Comment: |  | |
| 1. **ATTENDANCE:** Reports to work as scheduled, is on time, and gives advance notice for time off requests. Attendance Calendar for the evaluation period is attached. | | |
| **** | **1.** | Supports our operation with excellent attendance and punctuality; requests vacation time with respect for the work schedule. |
| **** | **2.** | Supports our operation as expected in attendance patterns and notices of absences. |
| **** | **3.** | Attendance level and pattern does not adequately support the operation. |
| Comment: |  | |

**SUMMARY:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Skills |  **1**  **2**  **3** | 1. Quality |  **1**  **2**  **3** |
| 1. Cooperation |  **1**  **2**  **3** | 1. Communication |  **1**  **2**  **3** |
| 1. Initiative |  **1**  **2**  **3** | 1. Attendance |  **1**  **2**  **3** |
|  | **OVERALL RATING:** |  **1**  **2**  **3** |  |

|  |
| --- |
| **SUPERVISOR’S COMMENTS:** |
|  |
|  |
| **Supervisor’s Signature Evaluation Conference Date** |
|  |
| **EMPLOYEE’S COMMENTS:** |
|  |
|  |
|  |
| I have reviewed this evaluation and discussed its contents with my supervisor. My signature signifies that I have received and reviewed a copy of this evaluation. My signature does not imply that I agree or disagree with this evaluation or its contents. In the event that the employee strongly disagrees with their evaluation, they may request and be granted a review to ensure that the review process was followed and all relevant information was considered. |
|  |
| **Employee’s Signature Evaluation Conference Date** |
| Copies to: Employee, Supervisor, Personnel File |