

**Putnam Valley Central School District
Putnam Valley, New York**

**Civil Service Employee Review
Head Custodian**

Employee _____ Job Title _____

Building & Department _____

Evaluator _____ Evaluation Date _____

	Meets/Exceeds Expectations	Needs Improvement (Requires Comment)	Not Applicable	Comments
Quality of Work				
Accuracy				
Reliability				
Initiative				
Efficiency				
Organization skills				
Decision making				
Knowledge of job				
Follows directions				
Productivity				
Dependability				
Attendance				
Punctuality				
Responsiveness				
Availability				
Leadership				
Cooperation				
Attitude Toward Work				
Interest in job				
Confidentiality				
Compatibility with Peers, Administrators & Public				
Appearance				
Care of equipment				
Adaptability				
Judgment/Tact				

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Job Related Skills	Meets/Exceeds Expectations	Needs Improvement (Requires Comment)	Not Applicable	Comments
Appearance of Building Exterior				
Lawns/fields				
Driveways/walkways				
Doors				
Windows				
Bricks				
Appearance of Building Interior				
Classrooms				
Hallway: Floors				
Walls				
All purpose rooms: gyms				
Cafeteria				
Bathrooms				
Maintenance of Building System				
Electric/lighting				
Plumbing/septic				
HVAC				
Planning and Initiative				
Timely requests				
Materials distribution				
Record keeping				
Preparation for special events				
Project planning				
Management of Personnel				
Work assignments				
Team work/relationships				
Monitoring/correction and/or praising of personnel				
Management of Equipment and Supplies				
Upkeep and repair of machines				
Upkeep and availability of tasks				
Timely ordering of supplies				
Instruction in use of cleaning materials				
Maintains a neat & clean appearance at all times & wears uniform				

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Performance Strengths

Recommendations for Improvement/Professional Growth

Employee's Comments and Goals

Overall Performance:	Meets/Exceeds Expectations	Needs Improvement*

*A check in this column requires the supervisor/evaluator to develop a plan with the employee by which s/he can address the identified deficiencies. The evaluator and the employee will meet regularly about the plan and evaluate progress toward remediation after one year.

Evaluator's Signature_____

Employee's Signature_____

Date of Conference Discussion_____

Please sign and return this form to the supervisor within five working days of receipt. It is understood your signature does not necessarily constitute agreement with its contents. After proper service upon the employee, the District has the right to file material without signature.