

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

**Civil Service Employee Review
Sr. Office Assistant, Office Assistant**

Employee _____ Job Title _____

Building & Department _____

Evaluator _____ Evaluation Date _____

	Meets or 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 or Exceeds Expectations	Needs Improvement (Requires Comment)	Not Applicable	Comments
Written & Oral Communications				
Grammatical Usage				
Spelling				
Punctuation				
Telephone Etiquette				
Word Processing				
Accuracy				
Presentation				
Record Keeping				
Operation/Knowledge of Office Machines				
Computers:				
Word Processing				
Spreadsheet				
Data Entry				
E-mail				
Telephones:				
Voice Mail				
Special Assignments				
Assist with Budget Development/Preparation				
Calendar Scheduling				
Compilation of Data				
Compose & Edit Routine Correspondence				
Financial Records				
Preparation of Reports				
Purchase Orders				
Other:				
Human Relations Skills				
Interaction with:				
Administrators				
Parents				
Public				
Staff				
Students				

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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.