

31-10 Thomson Avenue - Long Island City, NY 11101- Telephone (718) 482-7200

PERFORMANCE EVALUATION NON-TEACHING INSTRUCTIONAL STAFF

(College Laboratory Technician)

| Name | | | Department |
|---------------|----------------|------------|--------------------|
| Title | | | Date of Evaluation |
| Type of Evalu | ation: | Annual | Other |
| DESCRIPTIO | ON OF DUTII | ES: | |
| A. Learning | g Reinforcem | ent | |
| | | | |
| | | | |
| | | | |
| B. Administ | rative | | |
| | | | |
| | | | |
| | | | |
| C. Supervis | ion (where ap | oplicable) | |
| | | | |
| | | | |
| | | | |
| D. Technica | al Responsibil | litios | |
| D. Technica | ii Kesponsion | nues | |
| | | | |
| | | | |
| | | | |

| | Performance of Duties: (Please refer specifically to the duties on page one.) |
|----------|--|
| | |
| | |
| | |
| | |
| | |
| 2. | Progress since previous Evaluation: |
| | |
| | |
| | |
| | |
| | |
| 3. | Interpersonal Relations (Include Faculty, peers and users of Laboratory services.) |
| | |
| | |
| | |
| | |
| | |
| 4. | Ability to supervise other Laboratory Personnel. (If applicable) |
| | |
| | |
| | |
| | |
| | |
| | |
| 5 | Special Contribution to Department/College: |
| 5. | Special Contribution to Department/College: |
| | |
| 5. 6. | Special Contribution to Department/College: GOALS for the year: |
| | |
| | |
| | |

| DISCUSSION OF THE EVALUATION (Additional comments by employee or supervisor.) Is my intention that this Evaluation be considered: Satisfactory Unsatisfactory air/Supervisor Signature Date I have seen this Evaluation and have no statement to make. I have seen this Evaluation and have a statement to make. | Froiessional Grow | TH: | |
|--|----------------------|----------------------------|---|
| is my intention that this Evaluation be considered: Satisfactory Unsatisfactory air/Supervisor Signature Date I have seen this Evaluation and have no statement to make. I have seen this Evaluation and have a statement to make. | | | |
| is my intention that this Evaluation be considered: Satisfactory Unsatisfactory air/Supervisor Signature Date I have seen this Evaluation and have no statement to make. I have seen this Evaluation and have a statement to make. | | | |
| is my intention that this Evaluation be considered: Satisfactory Unsatisfactory air/Supervisor Signature Date I have seen this Evaluation and have no statement to make. I have seen this Evaluation and have a statement to make. | | | |
| is my intention that this Evaluation be considered: Satisfactory Unsatisfactory air/Supervisor Signature Date I have seen this Evaluation and have no statement to make. I have seen this Evaluation and have a statement to make. | | | |
| is my intention that this Evaluation be considered: Satisfactory Unsatisfactory air/Supervisor Signature Date I have seen this Evaluation and have no statement to make. I have seen this Evaluation and have a statement to make. | | | |
| is my intention that this Evaluation be considered: Satisfactory Unsatisfactory air/Supervisor Signature Date I have seen this Evaluation and have no statement to make. I have seen this Evaluation and have a statement to make. | | | |
| is my intention that this Evaluation be considered: Satisfactory Unsatisfactory air/Supervisor Signature Date I have seen this Evaluation and have no statement to make. I have seen this Evaluation and have a statement to make. | | | |
| is my intention that this Evaluation be considered: Satisfactory Unsatisfactory air/Supervisor Signature Date I have seen this Evaluation and have no statement to make. I have seen this Evaluation and have a statement to make. | | | |
| Satisfactory Unsatisfactory air/Supervisor Signature Date I have seen this Evaluation and have no statement to make. I have seen this Evaluation and have a statement to make. | . DISCUSSION OF | THE EVALUATION (Ad | ditional comments by employee or supervisor.) |
| Satisfactory Unsatisfactory air/Supervisor Signature Date I have seen this Evaluation and have no statement to make. I have seen this Evaluation and have a statement to make. | | | |
| Satisfactory Unsatisfactory air/Supervisor Signature Date I have seen this Evaluation and have no statement to make. I have seen this Evaluation and have a statement to make. | | | |
| Satisfactory Unsatisfactory air/Supervisor Signature Date I have seen this Evaluation and have no statement to make. I have seen this Evaluation and have a statement to make. | | | |
| Satisfactory Unsatisfactory air/Supervisor Signature Date I have seen this Evaluation and have no statement to make. I have seen this Evaluation and have a statement to make. | | | |
| Satisfactory Unsatisfactory air/Supervisor Signature Date I have seen this Evaluation and have no statement to make. I have seen this Evaluation and have a statement to make. | | | |
| Satisfactory Unsatisfactory air/Supervisor Signature Date I have seen this Evaluation and have no statement to make. I have seen this Evaluation and have a statement to make. | | | |
| Satisfactory Unsatisfactory air/Supervisor Signature Date I have seen this Evaluation and have no statement to make. I have seen this Evaluation and have a statement to make. | | | |
| Satisfactory Unsatisfactory air/Supervisor Signature Date I have seen this Evaluation and have no statement to make. I have seen this Evaluation and have a statement to make. | | | |
| air/Supervisor Signature | is my intention that | this Evaluation be conside | red: |
| air/Supervisor Signature | | | |
| Date Date D | | ☐ Satisfactory | Unsatisfactory |
| Date Date D | | | |
| Date Date D | | | |
| Date Date D | hair/Sunanzigar Sign | atura | |
| ☐ I have seen this Evaluation and have no statement to make. ☐ I have seen this Evaluation and have a statement to make. ployee Signature Date | nan/Supervisor Sign | ature | |
| ☐ I have seen this Evaluation and have no statement to make. ☐ I have seen this Evaluation and have a statement to make. ployee Signature Date | itle | | Date |
| ☐ I have seen this Evaluation and have a statement to make. ployee Signature Date | | | |
| ☐ I have seen this Evaluation and have a statement to make. ployee Signature Date | | | |
| ☐ I have seen this Evaluation and have a statement to make. ployee Signature Date | | | |
| nployee Signature Date | ☐ I have | e seen this Evaluation and | have no statement to make. |
| nployee Signature Date | □ I have | seen this Evaluation and | have a statement to make |
| | | seen tins Evaluation and | have a statement to make. |
| | | | |
| | | | |
| | | | |
| | 1 6' | | _ |
| Incumbent declines to sign. | mployee Signature | | Date |
| Incumbent declines to sign. | | | |
| | Incumbent declines | to sign. | |