

PERFORMANCE EVALUATION

STATE UNIVERSITY OF NEW YORK COLLEGE AT CORTLAND

MANAGEMENT CONFIDENTIAL PERFORMANCE EVALUATION

EMPLOYEE'S NAME: _____ DATE: _____
OFFICE/DEPARTMENT: _____ EVALUATION PERIOD: _____ TO: _____
CAMPUS TITLE: _____
BUDGET TITLE: _____
INITIAL APPOINTMENT DATE: _____ CURRENT PROGRAM DATES" _____ TO: _____
APPOINTMENT DATE TO TITLE: _____ AMENDMENT DATE TO PROGRAM: _____
IMMEDIATE SUPERVISOR/TITLE: _____

If appropriate, the performance of a Management/Confidential employee is to be examined in view of the following criteria; communication with members of the University community; leadership within supervisory area; planning and organization; stewardship of supervisory area's resources; job knowledge, accuracy and currentness; creativity; quality of work; interpersonal skills; initiative and flexibility; staff development; contributions to College, community and profession.

MAJOR DUTIES AND RESPONSIBILITIES: (Evaluative comments - In this space supervisor should make specific comments about the employee's performance in regards to the primary duties and responsibilities and the short and long term objectives identified in the Performance Program for this evaluation period.)

SUMMARY OF SECONDARY SOURCE RESPONSES: (In this space give a synopsis of the comments made by those identified as secondary sources.)

EMPLOYEE COMMENTS ON EVALUATION: (Optional)

I have read this evaluation and discussed it with my supervisor. My signature does not necessarily represent agreement.

SIGNATURE OF EMPLOYEE

DATE

SIGNATURE OF SUPERVISOR

DATE

*SIGNATURE OF APPROPRIATE VICE PRESIDENT

DATE

SIGNATURE OF PRESIDENT

DATE

***(NOTE TO VP/PRESIDENT – PLEASE SEND COPY OF THIS FINAL SIGNATURE PAGE ONLY TO HUMAN RESOURCES AS PROOF OF COMPLETION)**

A COPY OF THE NEW PERFORMANCE PROGRAM MUST BE ATTACHED.

DISTRIBUTION:

- ORIGINAL: OFFICIAL PERSONNEL FILE
- COPIES: EMPLOYEE
- EVALUATING SUPERVISOR
- SUPERVISOR'S SUPERVISOR