

PERFORMANCE PROGRAM

STATE UNIVERSITY OF NEW YORK COLLEGE AT CORTLAND

MANAGEMENT CONFIDENTIAL PERFORMANCE PROGRAM

EMPLOYEE'S NAME: _____ DATE: _____
OFFICE/DEPARTMENT: _____ EVALUATION PERIOD: _____ To: _____
CAMPUS TITLE: _____
BUDGET TITLE: _____
INITIAL APPOINTMENT DATE: _____
APPOINTMENT DATE TO TITLE: _____
IMMEDIATE SUPERVISOR/TITLE: _____

NATURE OF MAJOR REQUIRED DUTIES AND RESPONSIBILITIES:

SECONDARY SOURCES - Supervisor consults with the employee in identifying individuals who are to be asked for their relationship and views of this professional employee's performance. Individuals will be identified on the basis of a significant working relationship.

OBJECTIVES I

Performance objectives to be accomplished during the next evaluation period.

In addition to my day-to-day areas of responsibilities, the following are my goals and objectives for the upcoming year:

OBJECTIVES II

Long-term objectives which may include program of professional development, continuing education or training, improvement of skills or research. A tentative timetable for achieving long term objectives should be stipulated.

PERFORMANCE PROGRAM ACKNOWLEDGEMENT

I have read this program 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)**

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