

SUNY POTSDAM
M/C Performance Appraisal Form

INSTRUCTIONS: Employee - Complete Section A and Section D prior to submitting to your supervisor.
Supervisor - Complete Section B and E for all staff members. In addition, complete Section C for staff with supervisory and/or budgetary responsibilities.

Section A:

Employee Name: _____

Job Title: _____ Department: _____

Supervisor's Name: _____ Supervisor's Title: _____

Period Covered by this Appraisal: _____ to _____

Refer to the following definitions and choose the appropriate abbreviation for each performance statement.

Definition of Ratings

EE – Exceeds Expected Level	Performance consistently exceeds expectations of current position. Employee shows extraordinary initiative and teamwork.
EC – Effective and Competent	Performance meets and sometimes exceeds expectations of current position. Employee shows initiative and requires minimal direction and guidance.
ME – Minimally Effective	Performance is at a minimally acceptable level. Employee requires prompting, guidance or direction to take action. There is need for improvement in one or more areas of performance.
DNM – Does Not Meet Expected Level	Performance does not meet minimally acceptable standards. There is need for immediate and significant improvement.
N/A – Not Applicable	This item does not apply.

Section B:

1. ACCOUNTABILITY

Please Choose Rating

A. Stated goals and objectives are met; work assignments and resources are assigned as necessary to complete tasks in a timely and effective manner.	EE	EC	ME	DNM	N/A
B. Overall employee performance meets the reasonable expectations of customers and administration.	EE	EC	ME	DNM	N/A
C. Problems are presented with alternative solutions and recommendations.	EE	EC	ME	DNM	N/A
D. The employee consistently meets all applicable mandatory standards and satisfactorily handles internal and external reviews and audits.	EE	EC	ME	DNM	N/A
E. Submits reports in a complete and timely fashion.	EE	EC	ME	DNM	N/A

Accountability Overall Rating: EE EC ME DNM N/A

Comments:

2. ORGANIZATIONAL INTERACTION

Please Choose Rating

A. Supports goals and objectives of the College; long-range unit/department plans reflect initiatives in support of engaging excellence.	EE	EC	ME	DNM	N/A
B. Demonstrates awareness of the relationship between department function and the total campus operation and works effectively with other departments on joint projects or issues.	EE	EC	ME	DNM	N/A
C. Contributes to a professional environment for students, employees, visitors, and other staff demonstrating the College's values and beliefs and upholding the Potsdam Pledge.	EE	EC	ME	DNM	N/A
Organizational Interaction Overall Rating: Comments:	EE	EC	ME	DNM	N/A

3. COMMUNICATION

Please Choose Rating

A. Maintains well-defined lines of communication at all levels. Supervisor is consulted, when appropriate, and made aware of changes/plans affecting them or the unit/department's operation.	EE	EC	ME	DNM	N/A
B. Demonstrates written and oral communication skills consistent with the requirements of the position.	EE	EC	ME	DNM	N/A
C. Information flow is timely, complete, and accurate.	EE	EC	ME	DNM	N/A
D. Respects confidentiality.	EE	EC	ME	DNM	N/A
Communication Overall Rating: Comments:	EE	EC	ME	DNM	N/A

4. HUMAN RESOURCES DEVELOPMENT

Please Choose Rating

A. Participates in learning opportunities which contribute to the enhancement of job performance and/or career advancement.	EE	EC	ME	DNM	N/A
B. Demonstrates competence and initiative.	EE	EC	ME	DNM	N/A
C. Supports Diversity and Affirmative Action Programs and fosters a culturally diverse and inclusive environment.	EE	EC	ME	DNM	N/A
D. Participates in organizations and committees which enhance professional development and performance.	EE	EC	ME	DNM	N/A
E. Performance programs and evaluations for subordinates are completed by July 31 of each year.	EE	EC	ME	DNM	N/A
Human Resources Development Overall Rating: Comments:	EE	EC	ME	DNM	N/A

5. SELF MANAGEMENT

Please Choose Rating

- | | | | | | |
|--|----|----|----|-----|-----|
| A. Consistently meets established goals, objectives, and timeframes as established. | EE | EC | ME | DNM | N/A |
| B. Exercises sound judgment in the decision-making process; applies creativity in accomplishing assigned responsibilities and in problem solving, and in the utilization of resources. | EE | EC | ME | DNM | N/A |
| C. Engages in learning opportunities which contribute to improved performance, managerial growth and development. | EE | EC | ME | DNM | N/A |
| D. Keeps abreast of, and implements as appropriate, technical knowledge, and advances related to the position. | EE | EC | ME | DNM | N/A |

Self Management Overall Rating:

Comments:

EE EC ME DNM N/A

Section C:

1. BUDGETARY/FISCAL MANAGEMENT

Please Choose Rating

- | | | | | | |
|---|----|----|----|-----|-----|
| A. Unit/departmental budget is correctly and completely prepared. | EE | EC | ME | DNM | N/A |
| B. Unit/departmental budget is prudently administered and unanticipated expenses are minimized by appropriate planning. | EE | EC | ME | DNM | N/A |
| C. Contributes to financial viability of College by suggesting and/or implementing cost-saving measures within the unit/department. | EE | EC | ME | DNM | N/A |

Budgetary/Fiscal Management Overall Rating:

Comments:

EE EC ME DNM N/A

2. LEADERSHIP

Please Choose Rating

- | | | | | | |
|---|----|----|----|-----|-----|
| A. Mission, goals, policies and priorities have been effectively communicated to all staff and are consistently monitored. | EE | EC | ME | DNM | N/A |
| B. Ensures timeliness of performance evaluations, sets measurable goals for staff, and provides constructive feedback regarding successes and opportunities for growth. | EE | EC | ME | DNM | N/A |
| C. Demonstrates acceptable managerial techniques with respect to coaching, counseling, delegation, encouraging employee feedback, documentation, and progressive corrective action. | EE | EC | ME | DNM | N/A |
| D. Demonstrates leadership ability in specialty area or department. | EE | EC | ME | DNM | N/A |

Leadership Overall Rating:

Comments:

EE EC ME DNM N/A

Section D:

ACCOMPLISHMENTS

Period: From _____ to _____

Summarize accomplishments achieved during the rating period to include outcomes from the _____ program goals.

Section E:

OVERALL RATING:

Please Choose Rating

EE EC ME DNM N/A

Supervisor's Comments:

Supervisor's Signature: _____ Date: _____

****Note: If signing digitally, all fields will be locked when the supervisor signature is added. If you need to make a change, you will need to delete your signature, make the change, and then resign the document.**

Section F:

Employee's Comments (Optional):

I have read and understand this evaluation and discussed it with my supervisor on _____.

Employee's Signature: _____ Date: _____