

THE RESEARCH FOUNDATION OF SUNY PROFESSIONAL PERFORMANCE PROGRAM

EMPL	OYEE NAME:	PERFORMANCE PROGRAM
GRAN	NT:	TO
ЈОВ Т	TTLE:	
INITI	AL APPT. DATE:	_
IMME	EDIATE SUPERVISOR'S NAME:	
	DEPT/GRANT:	
DIRE		sional performance. Use additional sheets, if necessary. MPLOYEES' DUTIES AND RESPONSIBILITIES: (Brief
II.	SUPERVISORY RELATIONSHIPS: (1) Who supervises the employee?	(2) Who does the employee supervise?
III.	FUNCTIONAL RELATIONSHIPS: (primary	offices this person works with)
IV.	a) SHORT-TERM OBJECTIVES: (objectives	to be achieved during the evaluation period)

	b) LON	NG-TERM OBJECTIVES:	(Re: development of programs, professional development, participation in University activities, improvement of certain administrative skills, etc.)		
V.	PROFI	PROFESSIONAL DEVELOPMENT ACTIVITIES TO OCCUR DURING THIS PERIOD:			
VI.	PROFI	ESSIONAL GOALS:			
		a)	Short term- one year:		
		b)	Long term- five to ten years:		
VII.	THE MEASUREMENT (EVALUATIVE CRITERIA) TO BE USED TO DETERMINE IF THE DUTIES, RESPONSIBILITIES, AND OBJECTIVES SPECIFIED IN THE EMPLOYEE PERFORMANCE PROGRAM HAVE BEEN ACHIEVED. The criteria outlined below are examples presented for descriptive and explanatory purposes only. If you wish to establish criteria, they should be included in this area.				
	Check	Check () where appropriate.			
	()		ance (as demonstrated, for example, by success in carrying out assigned s, efficiency, productivity, and relationship with colleagues.		
	()	Mastery of Specialization and reputation in professi	a (as demonstrated, for example, by degrees, licenses, honors, awards, ional field.)		
	()		demonstrated, for example, by invention of innovation in professional, or technical areas; i.e. development or refinement of programs, methods,		
	()	committee work, participa	ty Service (as demonstrated, for example, by such things as successful ation in local campus and University governance, and involvement I ated student or community activities.)		
	()		demonstrated, for example, by continuing education, participation in s, enrollment in training programs, research, improved job performance responsibilities.)		
	()	Other (Attitudes, coopera	ation, dependability, motivation, etc.) Explain below.		

performance of the employee and may Identify specifically. If individuals ar	y affect the employee's ability to achieve the state objectives. re used, identify by title <u>NOT</u> name.)
THIS IS TO SIGNIFY THAT I HAVE READ PROGRAM.*	AND I UNDERSTAND THE ABOVE PERFORMANCE
Professional Employee Signature	Date

Date

EXTENT TO WHICH SECONDARY SOURCES SHALL BE CONSULTED AS PART OF

EVALUATION. (Secondary sources are agencies, offices, or individuals which will be involved with the

VIII.

Immediate Supervisor's Signature

^{*}If the supervisor and employee do not concur on the performance program, the employee has the right to attach a statement to the performance program within ten working days from receipt.