

Professional Employee Performance Program

Employee Name: _____ Incumbent Title: _____

Program for the Period: _____

Unit: _____ Campus Title: _____

Campus Appointment Date: _____ Appointment Date to Title: _____

Immediate Supervisor (Evaluator): Name: _____

Title: _____

Unit: _____

The Nature of the Professional Employee's Duties and Responsibilities (Brief Position Description):

Supervisory Relationships (1) Who Supervises the Employee? and (2) Who Does this Employee Supervise?:

Functional Relationships (Primary Offices this Person Works With):

Short-term Objectives (Objectives to be Achieved During the Evaluation Period):

Long-term Objectives (RE: Development of Programs, Professional Development, Participation in University Activities, Improvement of Certain Administrative Skills, etc.):

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 where appropriate.

- _____ **EFFECTIVENESS IN PERFORMANCE** (As demonstrated, for example, by success in carrying out assigned duties and responsibilities, efficiency, productivity and relationship with colleagues)
- _____ **MASTERY OF SPECIALIZATION** (As demonstrated, for example, by degrees, licenses, honors, awards, and reputation in professional field)
- _____ **PROFESSIONAL ABILITY** (As demonstrated, for example, by invention or innovation in professional, scientific, administrative, or technical areas; i.e., development or refinement of programs, methods, procedures, or apparatus)
- _____ **EFFECTIVENESS IN UNIVERSITY SERVICE** (As demonstrated, for example, by such things as successful committee work, participation in local campus and University governance, and involvement in campus or University-related student or community activities)
- _____ **CONTINUING GROWTH** (As demonstrated, for example, by continuing education, participation in professional organizations, enrollment in training programs, research, improved job performance and increased duties and responsibilities)
- _____ **OTHER** (Attitudes, cooperation, dependability, motivation, etc.) Explain Below:

Extent to Which Secondary Sources Shall be Consulted as Part of the Evaluation. (Secondary sources are agencies, offices, or individuals which will be involved with the performance of the employee and may affect the employee's ability to achieve the stated objectives. Identify specifically. If individuals are used, identify by title **NOT** name).

**This is to signify that I have read and understand the above Performance Program.

Employee's Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____

**If the supervisor and the employee do not concur on the Performance Program, the employee has the right to attach a statement to the Performance Program within 10 working days from receipt.