

MANAGERIAL PERFORMANCE PROGRAM
SUNY/CANTON

EVALUATION PERIOD

TO

NAME

GRADE

SUNY TITLE

FUNCTIONAL TITLE

A. SHORT RANGE OBJECTIVES for effective performance of the duties and responsibilities of this position.
Cite specific plans for the achievement of stated objectives where appropriate. (Relate to Position Description listing of duties and responsibilities by means of corresponding numbering.)

No.

A. SHORT RANGE OBJECTIVES (continued)

No.

B. LONG RANGE OBJECTIVES (Relate to Position Description listing of duties and responsibilities by means of corresponding numbering.)

No.

C. PROFESSIONAL INNOVATION (Anticipated development or refinement of programs, methods, etc.)

D. CAMPUS, UNIVERSITY, AND COMMUNITY SERVICE (Anticipated participation in governance, committee work, student or community activities, etc.)

E. PROFESSIONAL GROWTH (Anticipated participation in professional organizations, continuing education training programs, workshops, seminars, etc.)

F. SECONDARY SOURCE CONSULTATION (Extent of consultation with other individuals, offices, or agencies in developing this performance program. Attach any written input.)

1) Secondary Consultation:

2) Subordinate Input:

Signature of Incumbent _____ Date _____

Signature of Supervisor _____ Date _____

DISTRIBUTION: Original) Personnel File 2) Employee 3) Evaluator