

PROFESSIONAL / MANAGERIAL EVALUATION REPORT
SUNY CANTON

EVALUATION PERIOD FROM _____ TO _____

NAME _____ GRADE _____

SUNY TITLE _____

FUNCTIONAL TITLE _____

SUNY Procedure for Professional Evaluation as defined by Article XII, Title B, of the Policies of the Board of Trustees provides for a formalized written performance evaluation annually and as warranted by changing conditions. It further sets forth the following criteria, which must be among those considered for promotion or evaluation.

A. **EVALUATION CRITERIA** (Describe employee's performance as related to achievement of stated objectives. Also rank performance O, S, or I in box at left of each criterion according to scale at bottom of page):

- 1. Effectiveness in Performance – as demonstrated, for example, by success in carrying out assigned duties and responsibilities, efficiency, productivity, and relationship with colleagues.
 - Success in accomplishing duties and responsibilities.
 - Quality of professional performance.
 - Quality of professional relationship with colleagues.
 - Quality of professional relationship with others.
- 2. Professional Ability – as demonstrated, for example, by invention or innovation in professional, scientific, administrative or technical areas; i.e. – development or refinement or programs, methods of apparatus.
- 3. 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.
- 4. Continuing Growth – as demonstrated, for example, by continuing education, participation in professional organizations, enrollment in training programs.
- 5. Mastery of Specialization – as demonstrated, for example, by degrees, licenses, honors, awards, and reputation in professional field.
- 6. Other.

Achievement Rating Scale: O = Outstanding S = Satisfactory I = In Need of Improvement

B. SUPERVISOR'S COMMENTS (Any areas in need of improvement should be noted):
If comments exceed 5 lines, please type "See Attached" and attach a separate document.

C. SUMMARY PERFORMANCE APPRAISAL (Check One): Satisfactory Unsatisfactory

D. SUPERVISOR'S RECOMMENDATIONS RELATING TO ACTIONS AFFECTING EMPLOYMENT STATUS (e.g. – promotion, transfer, reassignment, merit increase, etc.):

Date _____ Signed _____
Evaluator

E. COMMENTS BY EVALUATOR'S SUPERVISOR (Complete this section before employee's consultation meeting and comment) *If comments exceed 5 lines, please type "See Attached" and attach a separate document.*

Date _____ Signed _____
Evaluator's Supervisor

F. EMPLOYEE'S COMMENTS:

Copy Received Date _____ Signed _____
Employee

IMPORTANT: HUMAN RESOURCES IS REQUIRED TO MAINTAIN A COPY OF YOUR MOST CURRENT RESUME.

Resume Attached No Updates; Current One On File With HR

Distribution: Original – Personnel File Copy – Employee Copy – Evaluator