

PROFESSIONAL PERFORMANCE PROGRAM

SUNY/CANTON

EVALUATION PERIOD

TO

NAME

GRADE

SUNY TITLE

FUNCTIONAL TITLE

A. POSITION DUTIES & RESPONSIBILITIES (Use concise statements and enter estimated percentage of total time required for each):

Est. %

Brief Description & Duties & Responsibilities

B. SPECIFIC OBJECTIVES AND CRITERIA FOR MEASURING SUCCESS IN ACCOMPLISHING ASSIGNED DUTIES AND RESPONSIBILITIES (Be Brief):

Duties and/or Related Objectives

Measurement Criteria

C. LONG TERM OBJECTIVES (re: development of programs, professional development, participation in University activities, improvement of interpersonal relationships, etc.):

D. SUPERVISORY RELATIONSHIPS (Identify by title or group, not by name):

- 1) This position is supervised by:
- 2) This position is responsible for supervision of:

E. FUNCTIONAL RELATIONSHIPS (Position works in cooperation with the following positions or groups):

F. SECONDARY SOURCE CONSULTATION (Degree to which other individuals, offices, or agencies shall be consulted as part of the evaluation process due to their effect upon the employee=s ability to achieve stated objectives. Identify sources, if any):

Date _____ Signed _____
 Evaluator – Print Name & Then Sign

Copy Received Date _____ Signed _____
 Employee

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