SUNY/CANTON

EVALUATION PERIOD TO

NAME GRADE

**SUNY TITLE** 

**FUNCTIONAL TITLE** 

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

Est. % Brief Description & Duties & Responsibilities

\_\_\_\_\_

B. <u>SPECIFIC</u> 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	RELATIONSHII	<u>PS</u> (Identify by title	or group, not by na	me):
	1) This position is supervised by:				
	2) This position is responsible for supervision of:				
E.	FUNCTIONAL F groups):	RELATIONSHIPS	(Position works in o	cooperation with the	following positions or
F.	agencies shall b	e consulted as pa	art of the evaluation		dividuals, offices, or heir effect upon the
		Date	Signed	d	Name & Then Sign
C	Copy Received	Date	Signed	Employee	
DI	STRIBUTION:	Original	) Personnel File	2) Employee	3) Evaluator