



**THE RESEARCH FOUNDATION FOR SUNY
INDIVIDUAL PERFORMANCE PROGRAM**

NAME: _____ PERIOD COVERED: _____

TITLE/GRADE: _____ OFFICE/PROJECT: _____

PROGRAM

I. OUTLINE OF JOB RESPONSIBILITIES

II. GOALS: Summarize major professional goals to be accomplished in this position during this performance period. (Attach additional sheets if necessary.)

Employee's Signature: _____

Supervisor's Signature: _____

Date Program Discussed: _____

(Copies are to be kept by the employee and supervisor.)