



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

NAME: _____ PERIOD COVERED: _____

TITLE/GRADE: _____ OFFICE/PROJECT: _____

APPRAISAL

I. **STRENGTHS:** Discuss how successful the employee was in meeting the specific job responsibilities and goals outlined for this appraisal period. Mention other noteworthy achievements. (Attach additional sheets if necessary.)

II. **AREAS FOR IMPROVEMENT:** Discuss areas where improvement and further development is needed. (Attach additional sheets if necessary.)

III. **SECONDARY SOURCES (Exempt Employees Only):** Reviewed and summarized by director. (Attach additional sheets if necessary.)

Supervisor's Signature: _____ Date Completed: _____

Office Director's/
Project Director's Signature: _____

IV. **EMPLOYEE COMMENTS:**

Employee's Signature: _____ Date Completed: _____
(Copies are to be kept by the employee and supervisor.)