

**PERFORMANCE PROGRAM**  
**UUP Professional Employees**  
**SUNY Cortland**

Employee's Name:				
Department:				
Performance Program Period:	From Date:		To Date:	
Campus Title:				
Budget Title:			Grade Level:	SL-
Initial Appointment Date:		Appointment Date to Current Title		
Immediate Supervisor & Title:				

**Instructions**

Prepare a draft of the performance program and discuss with the employee before completing in final form. Discussion should include appropriate criteria for evaluating the degree to which duties are performed and objectives are met.

The Memoranda of Understanding suggests the following criteria:

- A. **Effectiveness in Performance** – i.e. success in carrying out assigned duties and responsibilities, efficiency, productivity and relationship with colleagues.
- B. **Mastery of Specialization** - i.e., seeking leadership roles in relevant professional organizations, initiating new programs, and/or using relevant assessment and trends to improve services offered.
- C. **Professional Ability** - i.e., effective communication, planning and organization, and adaptability to execute responsibilities and approach problems in new, innovative ways.
- D. **Effectiveness in University Service** - i.e., successful committee work, participation in local campus and University governance, and involvement in campus-related student or community activities.
- E. **Continuing Growth** - i.e., continuing education, participation in professional organizations, enrollment in training programs, research, improved job performance and increased duties and responsibilities.

Use additional sheets as necessary.

A revised **PERFORMANCE PROGRAM** must be discussed and prepared within one month whenever a substantive change occurs. Minor revisions may be made by forwarding a memo stating the revision and including signatures of the employee and supervisor, to the Human Resources Office, with a copy to the second-line supervisor.

If the performance program has changed substantially in scope or complexity during the past year, or over a period of years, a case might be made for promotion/reclassification, or salary increase within rank. For further information contact the Human Resources Office.

**1. Duties and Responsibilities:** Bulleted list acceptable, organized from highest to lowest priority.

**2. Supervisor Relationships:** Who supervises this employee? Who does this employee supervise?

<b>3. Functional Relationships:</b> Primary offices with which this person works.
<b>4. a) Short Term Objectives:</b>
<b>4. b) Long Term Objectives:</b>
<b>5. SECONDARY SOURCES TO BE CONSULTED:</b> Agencies, offices, or individuals that will be involved with the performance of the employee and may affect the employee's ability to achieve the stated objectives. The supervisor and professional employee may identify up to ten (10) secondary sources. The supervisor may identify up to five (5) secondary sources and the professional employee may identify up to five (5) secondary sources. It is recommended, however, that mutual agreement between the supervisor and professional employee in the identification of secondary sources is the most desirable procedure. Individuals will be identified based on a significant working relationship. Maximum of 10.

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

**DISTRIBUTION:**

**Originating office must distribute, in confidential envelopes, as follows:**

**Original Signed Copy:** Human Resources

**Copies:** Employee  
Supervisor  
Second-line Supervisor