

**SECONDARY SOURCE QUESTIONNAIRE  
UUP Professional Employees  
SUNY Cortland**

**TO:** (Name of Secondary Source)

**FROM:** (Name of Requestor)

**DATE:** (MM/DD/YYYY)

(**Name of Employee**) is a professional employee of SUNY Cortland. They are performing the responsibilities of (**Campus Title**). You have been identified as one who had a functional relationship with this professional employee during the period of (**start date**) through (**end date**). Please respond to this form to share feedback for the professional employee.

**1. In what ways did you interact with (employee name) throughout the dates mentioned above?**

**a. How often/frequently did that interaction occur?**

Below, please provide either a bulleted list or brief narrative summary related to your understanding of the professional employee's service to SUNY Cortland. The following criteria can be considered:

- Commendable interactions
- Suggested areas for improvement

**Bullet List or Narrative Summary:**

All secondary source information will be summarized for the purpose of the professional employee evaluation. Are you willing to have your list/narrative shared directly with the professional employee?

**Yes**

**No**

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SIGNATURE

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DATE

PLEASE RETURN IN ENVELOPE MARKED **CONFIDENTIAL** WITHIN 10 WORKING DAYS

DRAFT